SCHOOL BLOOD SUGAR RECORD SHEET

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| --- | --- | --- | --- |
| Student: |  | Date of Doctor’s Order: |  |
| School Year: |  | School: |  | Grade: |  | Teacher: |  |
| Medication: Insulin, |  | Dosage: |  |
| Special Instructions: |  |
| Initials and signatures of persons giving medication: | Abbreviations: |
|  |  |  |  | A = Absent | NS = No Show |
|  |  |  |  | C = Comment on back |
|  |  |  |  | PN = Parent Notified | FT = Field Trip |
|  |
| **Please note time and result of each blood sugar** |
| **Aug/Sept.** |  | **Oct.** |  | **Nov.** |
| **M** | **T** | **W** | **Th** | **F** |  | **M** | **T** | **W** | **Th** | **F** |  | **M** | **T** | **W** | **Th** | **F** |
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| **Dec.** |  | **Jan.** |  | **Feb.** |
| **M** | **T** | **W** | **Th** | **F** |  | **M** | **T** | **W** | **Th** | **F** |  | **M** | **T** | **W** | **Th** | **F** |
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| **Mar.** |  | **Apr.** |  | **May/June** |
| **M** | **T** | **W** | **Th** | **F** |  | **M** | **T** | **W** | **Th** | **F** |  | **M** | **T** | **W** | **Th** | **F** |
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