Blood Glucose Monitoring Log

School Year: _____

Name: _____ **DOB:** _____ **Grade:** _____

Authorization Date: _____ **Physician Name & Phone #:** _____

Types of Emergency Glucose to Be Provided: _____

Date	Time	Reading	Initials	Action Taken	Date	Time	Reading	Initials	Action Taken

Initials	Name

Codes for Action Taken	
G = Emergency Glucose Given	R = Returned to Class
H = Sent Home	S = Snack Given/Sent to Lunch
N = Notified Parent	911 = Emergency Services Called
O = Low on Glucose Sources / other supplies	
SS= Sliding Scale Insulin Dosage Given per Physician's Order	