

## BLOOD GLUCOSE MONITORING LOG FOR THE SCHOOL YEAR

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

STUDENT MONITORED FOR APPROPRIATE TECHNIQUE \_\_\_\_\_ (NURSE) \_\_\_\_\_ (DATE)

	Mon	Tue	Wed	Thr	Fri	Mon	Tue	Wed	Thr	Fri	Mon	Tue	Wed	Thr	Fri	Mon	Tue	Wed	Thr	Fri	Mon	Tue	Wed	Thr	Fri.
Aug																									
Sep																									
Oct																									
Nov																									
Dec																									
Jan																									
Feb																									
Mar																									
Apr																									
May																									
June																									
July																									

- |                     |                  |                    |
|---------------------|------------------|--------------------|
| A - Absent          | F - Field Trip   | N - None Available |
| C - School Closed   | H - Holiday      | O - No Show        |
| E - Early Dismissal | L - Late Opening | W - Dose Withheld  |

**Initials**

**Signature**

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# KETONE TESTING

NAME \_\_\_\_\_

DATE/TIME	LEVEL	NURSING NOTES