DIABETES CARE LOG							0	
Name of Child								
Date of Birth			Teacher's Name					
Age of Diagnosis			Current Age					
Parent or	Guardi	an			_			
Father Name			Age					
Mother Name			Age					
Family Contact Details		ails						
Father Contact			Mother Contact					
Other Contact Information		ation						
RECORD								
Date Time		Time	Blood Glucose		Dose		Comments	
RECORD								
Blood Sugar Count			Time	Time Blood Sugar Count			Time	
BLOOD SUGAR MONITORING								
For Blood Sugar level Give Note								
101		500	- Biood Sugar lever		- Give		- Note	

The emergency glucagon kit is kept in the nurse's office. Please consult with the nurse about its specific location and administration.