SAMPLE
BLOOD GLUCOSE MONITORING LOG

School Year: _____

Name: _____ DOB: _____ Medicaid #: _____

Authorization Date: _____ Prescriber: _____ Time: Symptoms of high/low sugar_____

Type of Emergency Glucose: _____ Before lunch _____ Other _____

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

Initials	Name
_____	_____
_____	_____
_____	_____
_____	_____

Codes for Action Taken

G = Emergency glucose given
H = Sent Home
N = Notified parent
O = Out of glucose source
R = Returned to class
S = Snack given
911 = Emergency services called