

**Diabetes Treatment Log:** 

Medication Administration Training for Child Day Programs

Child's Name:	Target Glucose:	Handout G.2
Child Day Program Name:		
Parent or Guardian Name:		

Date	Time	Blood Glucose	Ketones	Carbo- hydrates	Insulin Dose	Verified by (Initials)	Glucagon Dose	Site	Administered by: (Print name and sign)	Symptoms/Notes

Key: Time (includes a.m. or p.m.); Blood Glucose (mg/dl); Ketones (negative, trace, small, moderate or large); Carbohydrates (grams); Insulin Dose (units); Site (Including Right or Left Side of Body. R = right, L = left, and Type of Injection (SC or IM))

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