

+ diabetes diary

Name

Parent or Guardian 

Physician 

Physician 

Other contact 



Treatment

Name of medication	Dose	Time	Notes

Snack

Item	Amount	Time	Notes

Monitoring

Item	Time	Time
Check blood sugar at		
Check blood sugar at		
Check blood sugar at		

If sugar is below

glucose tabs

juice

other

give the following

If sugar is above

water

other

give the following

If sugar is above

check ketones before exercising