## RECORD OF INSULIN DOSE & ADMINISTRATION VIA INSULIN INJECTION [NOT carbohydrate counting]



## (Supervised/Administered by staff – delete as applicable)

Parents Signature		
(Parents to complete above)		
This week please follow the	coloured table: 1 unit of Insulin to reduce by	mmol/L
	ach day before lunch will be written in the table below by parents/carers. ore lunch they may need some extra units of insulin (a correction dose) added on tons on the correction dose advice card.	) the standard
Name of Medication	_	
Pupil's name:	School	

DAY	DATE	Blood sugar before lunch	TODAY'S DOSE FOR LUNCH (Parent to complete)	PARENT SIGNATURE	CORRECTION DOSE (If applicable)	TOTAL AMOUNT OF INSULIN GIVEN	TIME GIVEN	Comments	STAFF NAME	SIGNATURE
Mon			complete)							
Tues										
Wed										
Thurs										
Friday										