

DIABETES FOOD/DRINK COMMUNICATION SHEET – INSULIN PUMP THERAPY (T Slim Control IQ)



Pupil's name: _____

Nursery/School _____

Day & Date _____

MEAL/SNACK TIME e.g. morning snack, lunch	FOOD & DRINK List each item & the carbs it contains
	<p style="text-align: right;">Total _____ grams</p>
	<p style="text-align: right;">Total _____ grams</p>
	<p style="text-align: right;">Total _____ grams</p>

Parent/Carer Signature _____

Version 4: 2nd April 2024

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