RECORD OF INSULIN ADMINISTERED VIA INSULIN INJECTION [where carbohydrate counting]

NHS Highland

(Supervised/Administered by staff – delete as applicable)

Pupil's name: _____ School _____

Name of Medication _____

DATE	TIME	BLOOD GLUCOSE (BG)	CARBOHYDRATE (GRAMS) [where applicable]	INSULIN DOSE (UNITS)	COMMENTS	STAFF NAME	SIGNATURE

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