

Pupil's name: _____

Nursery / School _____

Day & Date _____

Parent signature _____

FOOD:

MEAL/SNACK TIME e.g. morning snack, lunch	FOOD & DRINK List each item & the carbs it contains
	Total _____ grams
	Total _____ grams
	Total _____ grams

EXERCISE:

Activity	Use of 'Temp target' function?		Extra Snack?	
	Yes/No	Length of Time	Yes/No	Snack type & grams of carb