

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



(Supervised/Administered by staff – delete as applicable)

Pupil's name: _____ School _____

Name of Medication _____

The amount of insulin the child has to have each day before lunch will be written in the table below by parents/carers.
However if the child's blood sugar is high before lunch they may need some extra units of insulin (a correction dose) added on to the standard lunchtime dose. Please follow the instructions on the correction dose advice card.

This week please follow the _____ coloured table: 1 unit of Insulin to reduce by _____ mmol/L
(Parents to complete above)

Parents Signature _____

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										
Tues										
Wed										
Thurs										
Friday										