DIABETES FOOD/DRINK COMMUNICATION SHEET - INSULIN PUMP THERAPY (T Slim Control IQ) Pupil's name: ____ Highland Nursery/School _____ Day & Date _____ MEAL/SNACK FOOD & DRINK TIME e.g. List each item & the carbs it contains morning snack, lunch Total _____ grams Total grams Total _____ grams Version 5: 25th Nov 2024 Parent/Carer Signature _____ DIABETES FOOD/DRINK COMMUNICATION SHEET - INSULIN PUMP THERAPY (T Slim Control IQ) Pupil's name: _____ Highland Nursery/School _____ Day & Date _____ MEAL/SNACK FOOD & DRINK TIME e.g. List each item & the carbs it contains morning snack, lunch Total grams Total _ grams

Parent/Carer Signature _____

____ grams

Total ___

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