

**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
	Total _____ grams
	Total _____ grams
	Total _____ grams

Parent/Carer Signature \_\_\_\_\_

Version 5: 25<sup>th</sup> Nov 2024

**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
	Total _____ grams
	Total _____ grams
	Total _____ grams

Parent/Carer Signature \_\_\_\_\_

Version 5: 25<sup>th</sup> Nov 2024