

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
Morning Snack	Total _____ grams
Lunch	Total _____ grams
Extra snacks	Total _____ grams

HYPOS:

Treatment	Amount

EXERCISE:

Activity Mode			
Type of Activity	Yes/No	Start time	Duration (length of time to be set for)