

POMONA UNIFIED SCHOOL DISTRICT
DAILY BLOOD SUGAR MONITORING LOG

Student: _____ DOB: _____ Grade/Teacher: _____

Parent/Guardian: _____ Phone (Home): _____ (Work): _____

Type of Insulin for correction and/or CHO coverage: _____

Special Instructions: _____

Date	Time IN	Time OUT	Results	By (initial)	Parent contact	Units	CHO	Interventions/Comments