

Date: _____ Name: _____ Cabin: _____

Bolus: before/after meals

Changes made today (ex: Insulin to Carb Ratios, Correction/ Insulin Sensitivity Factor, Basal Rates):

	12A	2A	4A	6A	8A				12P				5:30P			8:30P				
BLOOD GLUCOSE																				
CARBS EATEN																				
INSULIN FOR CHO																				
INSULIN CORRECTION																				
LONG-ACTING INSULIN																				
KETONES																				

Notes:

Breakfast		Lunch		Dinner		Snack

MD: _____ Medical Staff: _____ Camper: _____

Date: _____ Name: _____ Cabin: _____

Bolus: before/after meals

MD: _____ Medical Staff: _____ Camper: _____