

The Villages® Charter School
Insulin Log

Student's Full Name		Date of Birth		School	
Diagnosis		Allergies			
Date of Medication Order	Type of Insulin	Insulin Order		Blood Sugar Target (mg/dl)	
Correction Factor/Insulin Sensitivity: 1 Unit of Insulin for every _____ that blood sugar is above or below target range permitted by physician order _____ to _____ <small>mg/dl (points)</small> <small>mg/dl</small> <small>mg/dl</small>					
Carbohydrate (Carb) Ratio: 1 Unit of Insulin for every _____ of carbohydrates eaten range permitted by physician order _____ to _____ <small>grams</small> <small>mg/dl</small> <small>mg/dl</small>					
Diabetes Health Care Provider				Phone Number	
				Fax Number	
Parent/Guardian Name 1		Phone #1		Phone #2	
		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE	

[illegible]

5 minutes of scheduled nursing time for each step of procedure (Glucose monitoring, Calculations, Injections) unless otherwise noted.