

Diabetes Management Sheet

Member's Name: _____ Date of birth _____

Type of Diabetes: _____ Age at diagnosis: _____

Parent/Guardian _____ Telephone # _____

Parent/Guardian _____ Telephone # _____

Name of Doctor: _____ Telephone # _____

Treatment			
Name of Medication	Dose	Time	Notes
Monitoring Time			
Check #1 at	Check #2 at	Check #3 at	Check #4 at
Snack			
Item	Amount	Time	Notes
Blood Sugar			
Blood Sugar above:	Give:	<input type="checkbox"/> Glucose Tablet	
		<input type="checkbox"/> Juice	
		<input type="checkbox"/> Other:	
Blood Sugar Below:	Give:	<input type="checkbox"/> Water	
		<input type="checkbox"/> Rest:	
		<input type="checkbox"/> Other:	
If blood sugar _____ please call _____ at _____			

I give permission for the Boys & Girls Club staff to administer the above-mentioned care to the Member listed above. I acknowledge that it is my responsibility to advise staff of any changes regarding my child's care.

Parent/Guardian Name (please print clearly): _____

Parent/Guardian Signature: _____ Date: _____

Staff Name (please print clearly): _____

Staff Signature: _____ Date: _____