

Child Name _____ **Pilot Weekly Food and Carbohydrate Log - Week of:** _____

	BREAKFAST (time):					
	Pre-Meal BG	What Child Ate	How Much	Carb Count	Insulin Administration*	Dosage Verification (unlicensed personnel)
Mon					Insulin Dose: Given By:	nsulin Dose:
Tue					Insulin Dose: Given By:	nsulin Dose:
Wed					Insulin Dose: Given By:	nsulin Dose:
Thu					Insulin Dose: Given By:	nsulin Dose:
Fri					Insulin Dose: Given By:	nsulin Dose:
	LUNCH (time):					
	Pre-Meal BG	What Child Ate	How Much	Carb Count	Insulin Administration*	Dosage Verification (unlicensed personnel)
Mon					Insulin Dose: Given By:	nsulin Dose:
Tue					Insulin Dose: Given By:	nsulin Dose:
Wed					Insulin Dose: Given By:	nsulin Dose:
Thu					Insulin Dose: Given By:	nsulin Dose:
Fri					Insulin Dose: Given By:	nsulin Dose:
Date	AFTERNOON SNACKS (time):					
	Pre-Snack BG	What Child Ate	How Much	Carb Count	Insulin Administration*	Dosage Verification (unlicensed personnel)
Mon					Insulin Dose: Given By:	nsulin Dose:
Tue					Insulin Dose: Given By:	nsulin Dose:
Wed					Insulin Dose: Given By:	nsulin Dose:
Thu					Insulin Dose: Given By:	nsulin Dose:
Fri					Insulin Dose: Given By:	nsulin Dose:

Date	ADDITIONAL SNACKS (time):					
	Pre-Snack BG	What Child Ate	How Much	Carb Count	Insulin Administration*	Dosage Verification (unlicensed personnel)
Mon					Insulin Dose: Given By:	Insulin Dose:
Tue					Insulin Dose: Given By:	Insulin Dose:
Wed					Insulin Dose: Given By:	Insulin Dose:
Thu					Insulin Dose: Given By:	Insulin Dose:
Fri					Insulin Dose: Given By:	Insulin Dose:

*Insulin dose determined by non-licensed CYS Services personnel must be conducted independently by two persons and dosage calculation verified. Initials of all persons who calculated dosage must be documented for each meal and snack. Calculation must be conducted by the person administering the insulin. Printed name and signature of persons administering Insulin above:

_____ / _____ _____ / _____ _____ / _____

_____ / _____ _____ / _____ _____ / _____