Child Name	Pilot I
Office Harrie	I IIOL I

Pilot Blood Glucose and Ketone Monitoring Log

Date	Time	BG Reading	Ketone Reading	Signs, Symptoms, Action Taken (Include blood/urine ketone readings if applicable)	Initials

Printed name and signature of perso	ons above supervising/conducting	blood glucose or ketone testing:
/	/	/
/	/	//