CAMP SEALE HARRIS

SOUTHEASTERN DIABETES EDUCATION SERVICES

CSH 2021 Home Blood Sugar and Insulin Record

Please complete this form during the week before camp and bring it to camp.

Name _____ Age _____ Birthdate _____ Insulin Type _____

Date	Before Breakfast		Snack		Before Lunch		Snack		Before Dinner		Before Bedtime		Night	
	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin