

Diabetes Medical Management Plan

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PARENTS/GUARDIANS: Please complete pages 1 and 2 of this form and approve the final plan on page 6.

1. DEMOGRAPHIC INFORMATION—PARENT/GUARDIAN TO COMPLETE

Perform finger stick if:

Meal & Times	Food Dose		Glucose Correction Dose Use Formula See Sliding Scale 6B	PE/Activa848h DayoseGI Seltio if

