**CARBOHYDRATE DOSAGE:**

- **Before meals**
- **After meals**

* Round to: **WHOLE unit**  **HALF Unit**

**Breakfast**  1 Unit per _______ grams of Carbs
**Morning Snack**  1 Unit per _______ grams of Carbs
**Lunch**  1 Unit per _______ grams of Carbs
**Afternoon Snack**  1 Unit per _______ grams of Carbs
**PE/Activity**  1 Unit per _______ grams of Carbs
**Dismissal**  1 Unit per _______ grams of Carbs
**Other / As Needed**  1 Unit per _______ grams of Carbs

**KETONE SUPPLEMENTATION FORMULA**

*Check for ketones when blood glucose is >200mg/dL x2 episodes or student is ill, DO NOT correct for ketones more often than every 4 hours)

Give additional insulin as follows: SMALL= _______ units, MODERATE= _______ units, Large = _______ units

19) **Healthcare Provider Information**  
Form must be signed by a Healthcare Provider and parent/guardian

<table>
<thead>
<tr>
<th>Healthcare Provider Signature</th>
<th>Date</th>
<th>Medical Office Stamp (required for processing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
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