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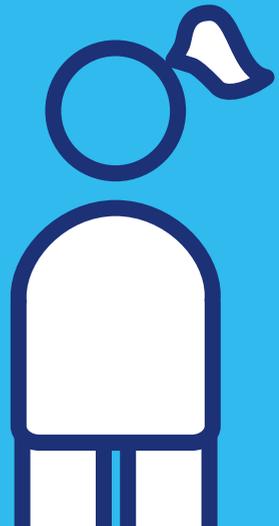
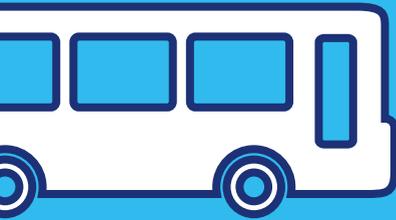
# SCHOOL RESIDENTIAL TRIP RECORD

To:

(Destination)

Date from:

Date to:



# STUDENT'S PERSONAL DETAILS 2

**Name:**

**Target blood sugar levels are:**

**Parent/carer contact details**

**Emergency contact details**

**Paediatric Diabetes Specialist Nurse/Hospital Staff**

**Contact details**

**Residential trip organiser**

**Carers on residential trip**

Date:	Date:
Signed by parent/carer	Signed by school representative

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## Name of nominated trip organiser

## Names of carers supporting the student

Action	Re-requested	Who to provide/do	Supplied/achieved	More information/detail
Understand Type 1 diabetes and how to treat it		Parent/PDSN		<a href="http://www.diabetes.org.uk/schools">www.diabetes.org.uk/schools</a>
Understand what the law says		School		<a href="http://www.diabetes.org.uk/schools">www.diabetes.org.uk/schools</a>
Get student's Individual Healthcare Plan		School/parent		
Identify student's needs		Parent/school		Page 18
Identify who will care for the student during the trip		School		Page 18
Arrange a meeting with parent/carer and PDSN		School		Page 18
Get parent/carer contact numbers + at least one other		Parent/carer		Pages 2
Make a plan for routine contact with parent/carer if required		School/parent/carer		Page 26
Complete risk assessment		School/parent/carer		Page 21
Plan/agreement for managing illness during trip		School/parent/carer		Page 22

# PRE-TRIP CHECKLIST

Ensure staff ratios allow for routine and potential night-time care		School		Page 19
Arrange training for carers		PDSN/ Parent		Page 19
Get diabetes equipment		Parent/ PDSN		Pages 7 and 19
Get hypo supplies		Parent/carer		Pages 7 and 12
Get letter for airline about medical supplies		PDSN/ parent/carer		Page 20
Check any issues with airline security for pump/ CGM		PDSN/ parent/carer		Page 20
Ensure fridge is available at venue		School		Page 25
Ensure sugar free/ diet drinks are available at venue		School		Page 17
Get menus from venue		School		Page 17
Check mobile phone coverage at the venue		School		
Identify nearest hospital and A&E to venue		School		Page 23
Get copy of child's prescription		Parent/ PDSN		
Get day bag of supplies for activities		Parent/carer		Page 19

# EQUIPMENT AND SUPPLIES CHECKLIST

<b>Equipment/Supplies</b>	<b>Who to supply</b>	<b>Supplied</b>
Insulin	Parent/carer	
Pen injector	Parent/carer	
Meter and test strips	Parent/carer	
Hypo remedies	Parent/carer	
Pump supplies	Parent/carer	
Extra food/snacks	Parent/carer	
ID card or bracelet	Parent/carer	
IHP	School	
Emergency contact numbers	Parent/carer	
Frio bag (to keep insulin cool)	Parent/carer	
Travel sickness tablets (if required)	Parent	
Carbohydrate reference tables	PDSN/parent	
Medical ID for emergencies	Parent/carer	

\*Go to page 10 for information on Equipment

This tool is designed for **school staff** to help them to look after students with Type 1 diabetes and ensure a successful residential school trip. For information on managing day trips go to [www.diabetes.org.uk/school-day-trips](http://www.diabetes.org.uk/school-day-trips)

There is no reason why a student with Type 1 diabetes shouldn't be able to attend a residential school trip. We've heard from lots of students who have had successful school trips. Go to [www.diabetes.org.uk/school-trips](http://www.diabetes.org.uk/school-trips) to read their inspirational stories.

All students with Type 1 diabetes should have an Individual Healthcare Plan (IHP), detailing the care that they need at school. The IHP should be updated to include care needed during a school trip. This tool does not replace the IHP, it adds further detail about what help the student needs outside of the school day.

When a student with Type 1 diabetes goes on a residential school trip, the family, school and (ideally) the Paediatric Diabetes Specialist Nurse (PDSN) or relevant Hospital Staff should meet at least six weeks before the trip to talk about the support the student will need around their diabetes. At this meeting, the roles and responsibilities of each person should be made clear. Then, the school and family should fill-in this tool together. This tool, and the student's IHP, should accompany the student on the residential trip.



Some students will be able to look after their diabetes themselves, or just need minimal assistance, so not all of this tool will be relevant. However, staff should check on these students regularly to make sure that they are managing their diabetes appropriately and do not have any concerns. Staff should handle conversations with students about their diabetes sensitively, as many students do not want to stand out or appear to be treated differently.

## How to use this tool?

This tool has been divided into relevant themes. It can be read as a whole document or you can simply go to the relevant sections.

We have not included detailed information about Type 1 diabetes and how it is treated. If you are unsure about what Type 1 diabetes is and how it is treated, we have lots of information available at [www.diabetes.org.uk/schools](http://www.diabetes.org.uk/schools). You should also speak to the student, their family and PDSN.

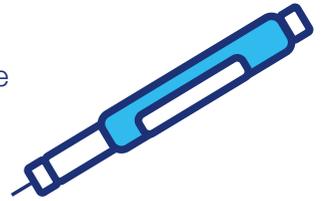
## 1. About the student's diabetes

(student's name)

uses injections pump to take insulin

### How is insulin taken?

Insulin is taken using either an injection or a pump. The injector pen has a fine, short needle, which is inserted into the fatty layer just below the surface of the skin. The usual places for injections are the thighs, the tummy area (around the belly button) and the upper outer area of the buttocks.



The insulin pump delivers a steady flow of insulin around the clock through a small cannula (a tiny tube) that is inserted under the skin in the same place as an insulin injection is given. A pump is connected to the child 24 hours a day and should only be removed for about an hour (for example, if a student goes swimming). Many are waterproof, but only for a limited depth/period of time, so you should check the individual student's pump with their parent/PDSN.

### Blood testing

Students with Type 1 diabetes test their blood to make sure their sugar is at the right level. This is done by pricking their finger with a special needle (lancing device) to get a drop of blood, then using a glucose meter to see what their blood sugar levels are. Some students will need help doing their blood test.

It is also more common now for students to use flash meters (e.g. Libre) and/or continuous glucose monitors (CGMS).

## 1. About the student's diabetes

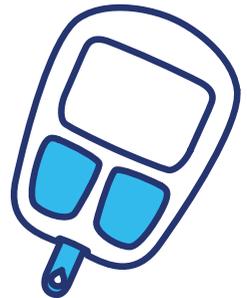
**(student's name)**

needs the following help with blood testing

### When to do blood testing

Students usually test at various times of the day, typically:

- first thing in the morning
- before meals
- before and after exercise (see ref)
- before bed
- any time they feel their blood sugar levels are too high or too low.



Some students might need night time testing.

Parents/carers can tell you when to do the blood testing and what to do if the levels are outside the range.

**(student's name)** target blood sugar levels are:

School staff should keep a record of the student's blood sugar levels while they are on the residential school trip, see page 28.

## 1. About the student's diabetes

On the school trip, the student will need to have their testing kit with them at all times, so they can test their blood sugar levels as necessary and if they are feeling unwell. They should also make sure hands are clean before testing to ensure the test is accurate.

**(student's name)** hypo signs?

A blood sugar reading of 3.9 mmol/l or below on the glucose meter means that the student is having a hypo (low blood sugar levels). For more information about hypos go to [www.diabetes.org.uk/schools](http://www.diabetes.org.uk/schools)

**'s (student's name)** usual hypo symptoms are:

If the student knows they're having a hypo, they may be able to treat themselves. But if they don't, you will need to help.

### Treating a hypo?

As soon as hypo symptoms occur, give the student something to raise their blood sugar levels quickly. This can be:

- glucose tablets
- jelly babies or similar type of sweet
- a glass of a sugary (non-diet) drink or squash
- a small carton of pure fruit juice.
- glucagon injection (schools require training to give this – see page x)
- 
- 
- 



## 1. About the student's diabetes

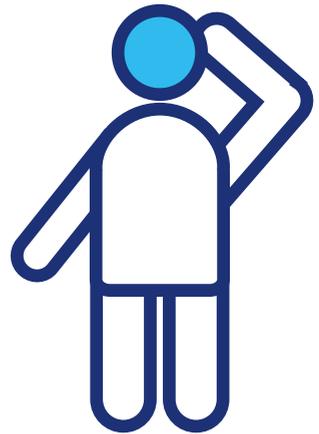
**'s (student's name)** treats a hypo with:

- 
- 
- 

Don't treat a hypo with foods that are high in fat, like chocolate and biscuits. This won't treat the hypo quickly enough, as fat slows down the absorption of the sugar.

### What to do next

- Wait 10–15 minutes for the student's blood sugar levels to rise.
- Ask them to sit calmly while you are waiting.
- Retest their blood sugar levels.
- If the reading is back to normal, you might need to give them a starchy carbohydrate-based snack, such as 1-2 plain biscuit, a piece of fruit, a small cereal bar or the next meal (if it's due).
- If the child uses an insulin pump, they don't need an extra snack unless they've been very active.
- If their blood sugar levels are still low, treat the hypo and give the child more fast-acting glucose, then wait 10–15 minutes before retesting. If their levels are back to normal, you might need to give them a starchy snack, as mentioned above.
- The student's parent or PDSN will tell you if they need a starchy snack following a hypo.



## 1. About the student's diabetes

- Sometimes during a hypo a student may become disorientated or confused, or – though this is rare – they may even become unconscious or have a fit. If they become unconscious or fit:

### **Call an ambulance immediately.**

- Give glucagon (only if requested by the parent, and if the school staff have been trained).
- Don't give the student any food or fluid by mouth.
- If they use a pump, disconnect it from the cannula (the tiny tube under the skin).
- Place them in the recovery position on their side and make sure their airway is clear.

### **High blood sugar levels**

Sometimes blood sugar levels can get too high, which can lead to problems. You may notice that the student needs to go to the toilet more and is thirsty and tired. This may be because:

- they haven't had enough insulin with their food
- they've eaten very sugary foods
- they haven't done much activity
- they're excited, stressed or ill.

For more information on high blood sugar levels or hypes go to

[www.diabetes.org.uk/schools](http://www.diabetes.org.uk/schools)

Many students will correct their high blood sugar levels by taking extra insulin. Some will have an app on their blood glucose meter or a pump that will work out what extra insulin they need. Others will work this out themselves. For pump users, the pump will suggest a dose of insulin. They will then need extra blood tests to make sure their blood sugar levels are coming down. They may also need to test their blood for ketones.

## 1. About the student's diabetes

**'s (student's name)**

should treat a blood sugar above \_\_\_\_\_ mmols/l by:

- 
- 
- 

If ketones are present, you need to ask their parents/carers for advice. This is particularly important if the student uses a pump.

If you can't get hold of their parents, call the student's diabetes team or your local hospital immediately for advice. If untreated, the student may develop a condition called diabetic ketoacidosis (DKA), which always needs hospital treatment. Please note that this situation is rare.

Above all, make sure you talk to the student's parents/carers.

### Physical activity

Students with diabetes should take part in any activities the other students are doing.

If they are very active – e.g. if the school trip is activity based – they may need extra snacks to give them energy. Or they may need to reduce their insulin dose. Discuss the best thing to do with their parents/carers.



## 1. About the student's diabetes

**(student's name)** needs the following snacks

Before activities

During activities

After activity

Before bed

**(student's name)**

needs the following reduction to their insulin before activity

Active students may also need a bedtime snack such as a small yogurt, a small glass of milk or a plain biscuit or

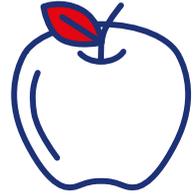
Students who use an insulin pump may need to disconnect it during water-based activities or rough play activities. It is important that the pump is not disconnected for more than an hour and that somebody can help the child disconnect and reattach the pump if necessary.

**'s (student's name)** pump instructions are:

## 1. About the student's diabetes

### Food

Students with diabetes should be offered a balanced diet in line with what is offered to all students. If the student has specific dietary requirements, the parent/carer should provide details of this. Ensure all meals contain carbohydrates, especially on active trips.



Diabetic foods aren't recommended as they have no special benefit over ordinary products. For more information go to [www.diabetes.org.uk/schools](http://www.diabetes.org.uk/schools)

### Drinks

All drinks need to be sugar free, so make sure the venue can provide this. Sugary drinks raise blood sugar levels too quickly, and should only be used when the student is having a hypo. Fruit juice and milk also contain sugars, so are best taken in moderation.



## 2. Planning Ahead

### i. Identifying the student's needs

It is vital to identify the student's needs around their diabetes while they are on the residential trip. The starting point will be their IHP, which will detail the care they need during the day. However, the student is likely to need further support if they are away overnight or for a few days. This could include (but is not limited to):

- changing the insulin cartridge in the injector pen
- giving an injection of long acting insulin
- refilling an insulin pump cartridge
- changing a pump set
- doing a night time test.



### ii. Pre-trip meeting

School staff who are organising the residential trip should meet with the parents/carers, student (where appropriate) and the PDSN or relevant hospital staff at least six weeks before the trip to identify the child's needs, and put a plan in place to meet them.

At this meeting the following will need to be covered:

- **Carers**

The student may have identified carers to support them with their diabetes at school. Ideally, these carers should accompany the student on the residential visit, as the student is familiar with them and trusts them. Also, as the carers are already familiar with certain aspects of diabetes treatment, they are likely to need less training. However, if this is not possible alternative carers will need to be identified. This should be done at least six weeks before the trip.



There will need to be enough staff on the trip to ensure that the student's diabetes care can be fully met.

## 2. Planning Ahead

### • Safeguarding

The trip organiser must make sure that the staff-student ratio allows for care to be given during the night (if necessary) and to allow recovery time for staff if they have been awake during the night looking after a student's diabetes. There should be sufficient staff to ensure that the school's safeguarding procedures are followed. This might mean that the school's usual staff-student ratio needs to be increased.

### • Training

At least two people should be fully trained to support a student in managing their diabetes. Once training needs are identified, the PDSN and/or parent/carer should provide the training needed at least six weeks before the trip. This will allow the staff to become competent and feel confident, and for the student and family to have trust in the carer.

All staff on the residential trip should have basic diabetes awareness training, including what constitutes an emergency and what to do in an emergency.

### • Equipment

The student must take enough equipment to manage their diabetes for the duration of the trip, plus extra in case of loss/damage. Twice the amount of equipment required should be supplied by the parent, packed in separate bags carried by different people. This ensures that if one bag is lost/stolen, the student still has enough equipment to last the duration of the trip.

It is also important to bring plenty of hypo remedies, as it is not uncommon for the student to have more hypos than usual, due to increased activity or different foods eaten.

The parent/carer should provide school staff with the diabetes equipment the student will need.

See the equipment and supplies checklist on page 7.



## 2. Planning Ahead

### iii. Travel

If the journey is relatively short, then the school is unlikely to need to put any special arrangements in place, though this should be checked with the parent/carer.

#### Flying

- All diabetes supplies must be carried in hand luggage, as the cold in the hold may affect how insulin works, and blood glucose testing equipment can be damaged by very cold temperatures. You will need a letter from the student's PDSN or doctor to state that they have Type 1 diabetes, and exactly what equipment is being taken. The parent/carer or PDSN can provide this.
- For students who use an insulin pump or continuous glucose monitoring, some airlines require you to inform them before you travel, and you may need to fill in additional paperwork. The caution is around their wireless functionality, which may interfere with aircraft communication and navigation systems. The student's PDSN can advise further about this.
- Students who use a pump may have issues going through security, depending on the type of pump they use and the screening equipment at the airport. Talk to the student's PDSN about whether you need to take any special precautions.
- Don't order a special diabetic meal for a student during the flight – they can eat the same as everybody else.
- Make sure that you have hypo remedies and extra snacks readily available on the flight.
- Keep insulin and blood testing equipment cool in a Frio or cool bag.
- If you are crossing time zones, this means that you will have a shorter/ longer day than usual. The student will need to alter their insulin dose/time to accommodate this. You will need to talk to their PDSN and parent/carer about how to manage this.

## 2. Planning Ahead

### Long journeys

- Keep insulin and blood testing equipment cool in a Frio or cool bag.
- Make sure you have blood testing equipment, insulin and hypo remedies readily available.
- Plan ahead for meal and snack breaks.
- Include an additional meal in case of delays.
- Check blood sugar levels regularly as sitting for long periods can cause high blood sugars.
- Check with the parent/carer whether the student needs travel sickness tablets.



### iv. The legal situation

It is important to make sure that the school's insurance covers diabetes care on a residential trip.

For information on the law in England, Wales, Scotland and Northern Ireland go to [www.diabetes.org.uk/schools](http://www.diabetes.org.uk/schools)

### v. Risk assessment

School staff should consider what reasonable adjustments they need to make to ensure that a student with diabetes can take part in a residential trip safely. They will need to consider not only what existing support they give the student, but any extra care they need overnight or over a longer period of time than the school day.

## 2. Planning Ahead

It is best practice to carry out a risk assessment to identify any changes that need to be made. This will need to be done at least six weeks before the trip and in consultation with the child (where appropriate), parent and PDSN or relevant hospital staff.

The main risk for a student with diabetes is that they become unwell due to high or low blood glucose levels. If not managed properly, this can lead to the student needing medical help. Activity, food, any change in routine, stress and excitement can all affect blood glucose levels, all of which are likely to happen on a school visit.

But if school staff are aware of these potential risks, action can be taken to mitigate them.

### **Potential risk: Student becomes unwell on the journey to/from the school visit**

#### **Control measures**

- Ensure student's blood glucose meter, testing strips, insulin and hypo remedies are easily accessible on the journey.
- Test/allow student to test blood glucose levels as frequently as needed.
- Ensure the student has easy access to food and drinks and can take them when necessary.
- Ensure there are regular breaks for food and toileting.
- If the student has medication to prevent travel sickness, ensure they take this as directed by their parent/PDSN.
- Ensure any other measures to prevent travel sickness are in place as necessary, eg sitting at the front of the coach.
- Ensure all staff are aware of the signs of a student becoming unwell with high or low blood glucose levels.

## 2. Planning Ahead

- Ensure there is a written plan in place, agreed by the school, parents and PDSN to manage illness while away.
- Refer to the student's IHP.

### **Potential risk: Student becomes unwell while away**

#### **Control measures**

- Refer to the student's IHP (it should state clearly details of the care and support a student needs while on a school visit).
- Ensure that there is sufficient time in the activity schedule to allow insulin to be taken and blood glucose to be monitored when necessary, and that activities can be interrupted to treat a hypo if necessary.
- Ensure you have what you need to check the carbohydrate content of food. This might include asking the centre for the carbohydrate content of their meals, or bringing carbohydrate reference tables (the student's parent or PDSN can usually provide these).
- Ensure that the parent supplies sufficient extra snacks to cover any extra activity, or in case the student does not like the food provided.
- Prior to the visit, ensure that the nearest hospital with A&E facilities is identified and plans are put in place to get the student to hospital if necessary. This should include having sufficient staff on the visit to allow a member of staff to accompany the student and stay with them until a parent arrives.
- Ensure all staff are aware of the signs of a student becoming unwell with high or low blood glucose levels.
- Ensure there is a written plan in place, agreed by the school, parent/carer and PDSN, to manage illness while away.

## 2. Planning Ahead

- Ensure a copy of the student's IHP is taken on the visit.
- Ensure that contact numbers of the parent/carer, at least one other adult and the PDSN are taken on the school visit.
- Ensure that there are sufficient staff on the visit who are trained in providing the support a student needs with their diabetes.

### **Potential risk: Child needs support with their diabetes overnight**

#### **Control measures**

- Ensure there are sufficient staff to look after a student at night, whether this is for routine care or in response to an emergency.
- Ensure safeguarding measures are in place.
- Ensure there are sufficient staff to cover the following day in case staff have been awake for long periods in the night.
- Consider the proximity of the student's room to the staff accommodation in case they need help during the night.
- Consider where the student's diabetes equipment will be stored overnight and ensure there is easy access to it during the night.

### **Potential risk: Equipment becomes lost or damaged**

#### **Control measures**

- Ensure that the person is responsible for storage and carrying of equipment on the school visit is clearly stated on the student's IHP.

## 2. Planning Ahead

- Ensure directions on storage of equipment are made clear and followed.
- Ensure spares of all equipment are taken on the visit and are easily accessible at all times.
- Prior to the visit, ensure that the nearest hospital with a diabetes centre is identified in case further supplies are needed.

### **Potential risk: Incorrect storage of insulin leads to it becoming ineffective**

Ineffective insulin can make a student unwell.

#### **Control measures**

- Ensure that any insulin in use (eg an injector pen) is kept at room temperature.
- Take steps to prevent insulin getting too hot.
- Ensure that it is kept in a cool bag while travelling.
- On an overnight visit, ensure that a fridge is available to store spare insulin.

This section is about managing the student's Type 1 diabetes whilst on the residential school trip.

## **Parent/carer phone numbers**

### **Call time**

## **Contacting parents**

In an emergency you will of course need to contact the student's parent/carer, so make sure that you have contact numbers for the parent/carer and at least one other person who can be contacted in an emergency.

You may also want to make a plan for contacting the student's parent/carer on a regular basis, to reassure them or the student. Discuss this with them at the pre-trip meeting, and identify who will make contact, when and the best way of contacting them.

## **Storing insulin and equipment**

Insulin that is not in use must be kept cool, and should be kept in a Frio or cool bag while travelling, and then put in a fridge as soon as possible. Insulin in use (in a pen injector) should be kept at room temperature. The student's blood glucose meter and test strips can also be affected by extreme temperatures, so should be kept as close to normal room temperature as possible and stored out of direct sunlight and away from heat sources.

## Details of diabetes care

Student's name

Age

### Contact details for parents/guardians

Name

Mobile no

Home no

Name

Mobile no

Home no

### Contact details for diabetes team/local hospital

Signs of a hypo are

Treatment for a hypo is

He/She needs help with

He/She takes insulin by:

injections

pump

### Current doses are:

**Background** Dose

Time

### Mealtime

**Breakfast**

Type of insulin

Dose

**Lunch**

Type of insulin

Dose

**Evening meal**

Type of insulin

Dose

### Please test blood glucose levels (tick as appropriate)

Signs of a hypo are Treatment for a hypo is

Before meals

Before activity

After activity

Before bedtime

On waking up

Other (please state)

# 3. DURING THE SCHOOL TRIP

**Daily record**    Day        Date

## Daily activities

Time	Activity	Notes

## Breakfast: insulin, blood test and food eaten

Time                      Blood sugar level

Type of food and amount	Insulin type and dose

## Lunchtime: insulin, blood test and food eaten

Time                      Blood sugar level

Type of food and amount	Insulin type and dose

# 3. DURING THE SCHOOL TRIP

## Evening meal: insulin, blood test and food eaten

Time

Blood sugar level

Type of food and amount	Insulin type and dose

## Bed time: insulin, blood test and food eaten

Time

Blood sugar level

Type of food and amount	Insulin type and dose

## Care given at other times

<b>Time</b>					
<b>Blood sugar level</b>					
<b>Type of food and amount</b>					
<b>Insulin dose</b>					
<b>Checked by (2 people)</b>					
<b>Notes</b>					

[CLICK HERE TO PRINT A SINGLE DAILY RECORD](#)

[CLICK HERE TO PRINT A WEEK'S DAILY RECORDS](#)

**Please tell us what you think of this tool**

**Answer our brief feedback survey at**

**[www.surveymonkey.co.uk/r/diabetes-trips-and-exams](http://www.surveymonkey.co.uk/r/diabetes-trips-and-exams)**

# 3. DURING THE SCHOOL TRIP

**Daily record**    Day        Date

## Daily activities

Time	Activity	Notes

## Breakfast: insulin, blood test and food eaten

Time                      Blood sugar level

Type of food and amount	Insulin type and dose

## Lunchtime: insulin, blood test and food eaten

Time                      Blood sugar level

Type of food and amount	Insulin type and dose

# 3. DURING THE SCHOOL TRIP

## Evening meal: insulin, blood test and food eaten

Time

Blood sugar level

Type of food and amount	Insulin type and dose

## Bed time: insulin, blood test and food eaten

Time

Blood sugar level

Type of food and amount	Insulin type and dose

## Care given at other times

<b>Time</b>					
<b>Blood sugar level</b>					
<b>Type of food and amount</b>					
<b>Insulin dose</b>					
<b>Checked by (2 people)</b>					
<b>Notes</b>					

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# 3. DURING THE SCHOOL TRIP

## Daily record Day Date

### Daily activities

Time	Activity	Notes

### Breakfast: insulin, blood test and food eaten

Time Blood sugar level

Type of food and amount	Insulin type and dose

### Lunchtime: insulin, blood test and food eaten

Time Blood sugar level

Type of food and amount	Insulin type and dose

# 3. DURING THE SCHOOL TRIP

## Evening meal: insulin, blood test and food eaten

Time

Blood sugar level

Type of food and amount	Insulin type and dose

## Bed time: insulin, blood test and food eaten

Time

Blood sugar level

Type of food and amount	Insulin type and dose

## Care given at other times

<b>Time</b>					
<b>Blood sugar level</b>					
<b>Type of food and amount</b>					
<b>Insulin dose</b>					
<b>Checked by (2 people)</b>					
<b>Notes</b>					

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# 3. DURING THE SCHOOL TRIP

**Daily record**    Day        Date

## Daily activities

Time	Activity	Notes

## Breakfast: insulin, blood test and food eaten

Time                      Blood sugar level

Type of food and amount	Insulin type and dose

## Lunchtime: insulin, blood test and food eaten

Time                      Blood sugar level

Type of food and amount	Insulin type and dose

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