

<b>2.2 Complete if your child requires ORAL diabetes medication</b>		
<b>2.3 Complete if your child requires INSULIN INJECTIONS for diabetes</b>		

NAME:

DATE OF BIRTH:

YEAR:

4. Exercise Restrictions

Restrictions on activity, if any:

My child should not exercise if his or her blood glucose level is below \_\_\_\_\_mmol/l OR  
\_\_\_\_\_ above \_\_\_\_\_ mmol/l or if ketones are  
\_\_\_\_\_