Diabetes Management Supplies Addendum

Student: _____ DOB: _____ Date of Plan: _____

Supplies to be Provided by Parent/Guardian: Parents/Guardian and student are responsible for maintaining necessary supplies, snacks, blood glucose meter, medications and other equipment.

General Supplies:

Item	YES	NO
Insulin Supply (Pen, Vial)	☐ YES	☐ NO
Insulin Syringes/needles	☐ YES	☐ NO
Oral Medication	☐ YES	☐ NO
Blood glucose meter and test strips	☐ YES	☐ NO
Lancets with lancing device	☐ YES	☐ NO
Blood ketone monitor/strips	☐ YES	☐ NO
Urine ketone strips	☐ YES	☐ NO
Alcohol wipes	☐ YES	☐ NO
Fast Acting Sugar: (e.g. Glucose tabs, juice, Smarties)	☐ YES	☐ NO
Glucose Gel/Cake Mate	☐ YES	☐ NO
Carbohydrate/Protein snack	☐ YES	☐ NO
Glucagon Emergency Kit®/Baqsimi/GVoke	☐ YES	☐ NO
Low carbohydrate/Carbohydrate free snacks	☐ YES	☐ NO

Other: ______

Pump Supplies:

Item	YES	NO
Insulin Pump	☐ YES	☐ NO
Insulin Pump Batteries	☐ YES	☐ NO
Insulin Pump Cartridge/Reservoir/Pod	☐ YES	☐ NO
Infusion Set	☐ YES	☐ NO
Insulin supply backup	☐ YES	☐ NO

Injection Supplies:

Item	YES	NO
Dressings/tape	☐ YES	☐ NO

Other: ______

Continuous Glucose Monitor

Item	YES	NO
Manufacturer Instructions	☐ YES	☐ NO
Batteries	☐ YES	☐ NO

Disaster/Emergency Supplies: Parents determination (insulin/supplies for 72 hours)

Where supplies are kept?________________________________ ☐ YES ☐ NO

Supplies Location:

Location of hypoglycemia supplies: _____ *Where will supplies be kept?*________________________________

Location of other supplies & equipment: _____

☐ *Student Self-Carries/Supplies are kept:* _____ *What supplies will student self-carry?*________________________

Supplies provided for:

☐ Extracurricular Activities

☐ Before and After School Programs

☐ Other: _____

Notification of needed supplies to Parents/Guardians by: ☐ EMAIL ☐ Telephone ☐ Text ☐ Note home

Notification to be provided by: ☐ Health Aide ☐ Classroom Teacher(s) ☐ Programs & Activities Leads ☐ Other: _____

Parent: ____________________________ Parent Signature: ________________________ Date/Updated: ____________

School Nurse: __________________________ School Nurse Signature: ______________________ Date/Updated: ____________