**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:**

Insulin Supply (Pen, Vial) [ ]  Needed [ ]  Provided [ ]  Not Needed

Insulin Syringes/needles [ ]  Needed [ ]  Provided [ ]  Not Needed

Oral Medication [ ]  Needed [ ]  Provided [ ]  Not Needed

Blood glucose meter and glucose strips [ ]  Needed [ ]  Provided [ ]  Not Needed

Lancets with lancing device [ ]  Needed [ ]  Provided [ ]  Not Needed

Blood ketone monitor/strips [ ]  Needed [ ]  Provided [ ]  Not Needed

Urine ketone strips [ ]  Needed [ ]  Provided [ ]  Not Needed

Antibacterial skin cleaner or alcohol wipes [ ]  Needed [ ]  Provided [ ]  Not Needed

Fast Acting Sugar: (e.g. Glucose tabs, juice, Smartees) [ ]  Needed [ ]  Provided [ ]  Not Needed

Glucose Gel/Cake Mate [ ]  Needed [ ]  Provided [ ]  Not Needed

Carbohydrate/Protein snack [ ]  Needed [ ]  Provided [ ]  Not Needed

Glucagon Emergency Kit® [ ]  Needed [ ]  Provided [ ]  Not Needed

Other:

**Pump Supplies:**

Insulin Pump [ ]  Needed [ ]  Provided [ ]  Not Needed

Insulin Pump Batteries [ ]  Needed [ ]  Provided [ ]  Not Needed

Insulin Pump Cartridge [ ]  Needed [ ]  Provided [ ]  Not Needed

Infusion Set [ ]  Needed [ ]  Provided [ ]  Not Needed

Quick-seter/Sof-sert/Sil-serter [ ]  Needed [ ]  Provided [ ]  Not Needed

Dressings/tape [ ]  Needed [ ]  Provided [ ]  Not Needed

Manufacturer Instructions [ ]  Needed [ ]  Provided [ ]  Not Needed

Batteries [ ]  Needed [ ]  Provided [ ]  Not Needed

Other:

**Continuous Glucose Monitor**

Manufacturer Instructions [ ]  Needed [ ]  Provided [ ]  Not Needed

Pods for OmniPod [ ]  Needed [ ]  Provided [ ]  Not Needed

Batteries [ ]  Needed [ ]  Provided [ ]  Not Needed

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

 [ ]  Needed [ ]  Provided [ ]  Not Needed

**Supplies Location:**

Location of hypoglycemia supplies:

Location of other supplies & equipment:

[ ]  Student Self Carries/Supplies are kept:

**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:      \_\_\_\_\_\_\_