**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:      \_\_\_\_\_\_\_