**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)  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:**

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:**

Dressings/tape  YES  NO

Other:

**Continuous Glucose Monitor**

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:      \_\_\_\_\_\_\_