**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:      \_\_\_\_\_\_\_