

Equipment and Supplies Checklist

Pupil: _____ **Grade:** _____ **DOB:** _____

School: _____

Equipment and Supplies to be Provided by Parent

Parent Signature and Date: _____

Daily Snacks (for AM/PM snack times) Specify: _____

Extra Snacks (for before, after, and/or during exercise) Specify type of snacks: _____

Blood Glucose Meter Kit **Brand/Model:** _____

(Includes meter, testing strips, lancing device with lancet, cotton balls, spot bandages).

Low Blood Glucose Supplies (Provide item from selected category - 5 day supply preferable)

____ **Fast acting carbohydrate drinks:** (Apple juice and/or orange juice, sugared soda pop-NOT diet)

____ **Glucose tablets,** 1-2 packages preferred

____ **Glucose gel products** (Insta-Glucose, Monogel or Glutose/25-31 gms.) 1-2 preferred

____ **Gel Cakemate™** (not frosting), (19 gm., mini-purse size), 1-2 preferred

____ **Prepackaged snacks** (such as crackers with cheese or peanut butter, Nite-Bite™, etc.)

High Blood Glucose Supplies (Check those that apply)

____ Ketone test strips/bottle or meter kit

____ Urine cup

____ Water bottle

Note: Timing device may be wall clock or watch worn by pupil or personnel.

Insulin Supplies

____ Insulin pen

____ Pre-filled syringes (labeled per dose)

____ Insulin and syringes

____ Extra pump supplies such as:

____ Vial of insulin, syringes

____ Pump syringe

____ Pump tubing/needle

____ Batteries

____ Tape

____ Insertion device

Insulin supplies storage location: _____

Emergency Supplies

____ **Glucagon kit stored:** _____

Recommended 3 Day Disaster Diabetes Supplies (Check those that apply)

____ Vial of insulin; 6 syringes, or

____ Insulin pen with cartridge and needles, or

____ Blood glucose testing kit (testing strips, lancing device with lancets) - if authorized

____ Glucose gel product and glucose tablets

____ Glucagon kit

____ Food supply (include daily meal plan) stored as follows: _____

____ Ketone strips/plastic cup - if authorized

____ Pump supplies, as listed above

____ Other Supplies - specify: _____

Date Form sent home _____

Date Form returned to school _____

School will include a copy of the ISHP for diabetes management with the disaster supplies.