

Diabetic Supplies Checklist

Student Name: _____ Grade/School: _____

Diabetic Supplies	Supplied?	Location
Blood sugar meter	Yes No N/A	Office Locker Classroom _____
Extra batteries for meter	Yes No N/A	Office Locker Classroom _____
Testing strips	Yes No N/A	Office Locker Classroom _____
Lancets	Yes No N/A	Office Locker Classroom _____
Insulin and syringes/pens	Yes No N/A	Office Locker Classroom _____
Antiseptic wipes	Yes No N/A	Office Locker Classroom _____
Pump tubing changes & batteries	Yes No N/A	Office Locker Classroom _____
Ketone testing strips	Yes No N/A	Office Locker Classroom _____
Glucose tablets/Fast-acting carbs (juice, etc)	Yes No N/A	Office Locker Classroom _____
Complex sugars (crackers, pretzels, etc)	Yes No N/A	Office Locker Classroom _____
“Hypo” box for school office	Yes No N/A	Office Locker Classroom _____
Glucagon (syringe & vial kit) Baqsimi (nasal glucagon) Gvoke HypoPen (glucagon auto-injector)	Yes No N/A	Office Locker Classroom _____
Other:	Yes No N/A	Office Locker Classroom _____