

*Sample*  
**Diabetes Equipment and Emergency Supplies**  
*Provided by Parent*

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Year \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

*Nurse to Complete: Date Form sent home \_\_\_\_\_ Date Form returned to school \_\_\_\_\_ Include IHP copy with disaster supplies. Stored as follows \_\_\_\_\_*

<p><b>Specify type of snacks:</b></p> <p><input type="checkbox"/> Daily Snacks (for AM/PM)</p> <p><input type="checkbox"/> Extra Snacks (for before, after, and/or during exercise)</p>	<p><b>Glucose Meter Kit</b> _____ Brand/Model:</p> <p>(Includes meter, testing strips, lancing device with lancets, alcohol swab, gauze, spot bandage)</p>
<p><b>Low Blood Glucose Supplies</b> (Provide item from selected category – 5-day supply preferable)</p> <p><input type="checkbox"/> Fast-acting carbohydrate drinks: (Apple juice and/or orange juice)</p> <p><input type="checkbox"/> Glucose tablets: 1-2 packages preferred</p> <p><input type="checkbox"/> Gummy bears</p> <p><input type="checkbox"/> Glucose gel products: 1-2 preferred</p> <p><input type="checkbox"/> Cakemate Gel <sup>TM</sup>: (not frosting), (19 gm., mini-purse size), 1-2 preferred</p> <p><input type="checkbox"/> Prepackaged snacks: (such as crackers with cheese or peanut butter)</p> <p><b>High Blood Glucose Supplies</b> (Check those that apply)</p> <p><input type="checkbox"/> Ketone test strips/bottle or meter kit</p> <p><input type="checkbox"/> Urine cup</p> <p><input type="checkbox"/> Water bottle</p>	<p><b>Insulin Supplies</b></p> <p><input type="checkbox"/> Insulin pen</p> <p><input type="checkbox"/> Pump cartridge</p> <p><input type="checkbox"/> Insulin and syringes</p> <p><input type="checkbox"/> Batteries</p> <p><input type="checkbox"/> Extra pump supplies, such as infusion set</p> <p><input type="checkbox"/> Tape</p> <p><input type="checkbox"/> Vial of insulin</p> <p><input type="checkbox"/> Syringes</p> <p><input type="checkbox"/> Insertion device</p> <p><input type="checkbox"/> Insulin supplies storage location: _____</p> <p><b>Emergency Supplies</b></p> <p><input type="checkbox"/> Glucagon kit stored: _____</p> <p style="padding-left: 20px;">Expiration date of glucagon vial: _____</p>

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

Vial of insulin; 6 syringes, or

Insulin pen with cartridge and needles

Blood glucose testing kit (testing strips, lancing device with lancets)

Glucose gel product and glucose tablets

Glucagon kit

Food supply (include daily meal plan) stored as follows: \_\_\_\_\_

Ketone strips/plastic cup

Pump supplies, as listed above

Extra battery for pump

Other Supplies – specify: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_