

**ST. MARY'S COUNTY PUBLIC SCHOOLS**

*Department of Student Services/ St. Mary's County Health Department*

INDIVIDUALIZED SCHOOL HEALTH EQUIPMENT AND SUPPLIES LIST  
FOR MANAGEMENT OF DIABETES AT SCHOOL

[School Nurse to Complete with Parent(s)/Legal Guardian(s)]

| Student _____                 | DOB _____   | School _____  | Grade _____ |
|-------------------------------|---|---|-------------|
| <b>Equipment and Supplies</b> | <p><b><u>Provided By Parent(s)/Legal Guardian(s)</u></b></p> <p><b><u>Daily Snacks</u></b> (for AM/PM snack times) Specify: _____</p> <hr/> <p><b><u>Extra Snacks</u></b> (for before, after, and/or during exercise) Specify: type of snacks: _____</p> <p><b><u>Blood Glucose Meter Kit</u></b><br/>(Includes meter, testing strips, lancing device with lancet, cotton balls, spot bandages)</p> <p><b><u>Brand/Model:</u></b> _____</p> <p><b><u>Low Blood Glucose Supplies</u></b><br/>day supply preferable)</p> <p><input type="checkbox"/> <b>Fast acting carbohydrate drinks:</b> (Apple juice and/or orange juice, sugared soda pop – NOT diet)</p> <p><input type="checkbox"/> <b>Glucose tablets,</b> 1-2 packages preferred</p> <p><input type="checkbox"/> <b>Glucose gel products</b> (Insta-Glucose, Monogel, or Glucose/25-31 gms.) 1-2 preferred</p> <p><input type="checkbox"/> <b>Gel cakemate</b> (not frosting), (19 gm., mini-purse size), 1-2 preferred</p> <p><input type="checkbox"/> <b>Prepackaged snacks</b> (such as crackers with cheese or peanut butter, etc.)</p> <p><input type="checkbox"/> <b>Other:</b> _____</p> <p><b><u>High Blood Glucose Supplies</u></b></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>Note:</b> Timing device may be wall clock or watch worn by pupil or personnel.</p> | <p><b><u>Provided By Parent(s)/Legal Guardian(s) (Continued)</u></b></p> <p><b><u>Insulin Supplies</u></b></p> <p><input type="checkbox"/> Insulin pen</p> <p><input type="checkbox"/> Pre-filled safety syringes (labeled per dose)</p> <p><input type="checkbox"/> Insulin and safety syringes</p> <p><input type="checkbox"/> Extra pump supplies such as:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Vial of insulin, safety syringes</p> <p style="padding-left: 20px;"><input type="checkbox"/> Pump syringe</p> <p style="padding-left: 20px;"><input type="checkbox"/> Pump tubing/needle</p> <p style="padding-left: 20px;"><input type="checkbox"/> Batteries</p> <p style="padding-left: 20px;"><input type="checkbox"/> Tape</p> <p style="padding-left: 20px;"><input type="checkbox"/> Insertion device</p> <p>Insulin supplies storage location: _____</p> <hr/> <p><b><u>Emergency Supplies</u></b></p> <p><input type="checkbox"/> Glucagon stored: _____</p> <hr/> <p><b><u>3 Day Disaster Diabetes Supplies</u></b></p> <p><input type="checkbox"/> Vial of insulin; 6 safety syringes</p> <p><input type="checkbox"/> Insulin pen with cartridge and needles</p> <p><input type="checkbox"/> Blood glucose testing kit (testing strips, lancing device with lancets)</p> <p><input type="checkbox"/> Glucose gel product and glucose tablets</p> <p><input type="checkbox"/> Glucagon kit</p> <p><input type="checkbox"/> Food supply (include daily meal plan) stored as follows: _____</p> <hr/> <p><input type="checkbox"/> Ketone strips/plastic cup</p> <p><input type="checkbox"/> Other</p> <p>School will include a copy of the EMP for diabetes management with the disaster supplies.</p> <p>Stored as follows: _____</p> <hr/> <p><b><u>Other Supplies Specify:</u></b> _____</p> |             |