

# Diabetic Supply Sheet

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Parent/Guardian,

Your student needs the following supplies for the clinic. Please send in as soon as possible. Reminder to double check all expiration dates on all supplies.

## **SNACKS:**

### FAST ACTING CARBS:

- ☐ Juices
- ☐ Glucose tabs
- ☐ Glucose gel/icing
- ☐ Other \_\_\_\_\_

### COMPLEX CARBS:

- ☐ Peanut Butter
- ☐ Cheese Crackers
- ☐ Other \_\_\_\_\_

- ☐ **GLUCAGON** expires on \_\_\_\_\_

## **INSULIN SUPPLIES:**

- ☐ Insulin (once opened, needs to be used within **one month**)
- ☐ Syringes/pen and needles
- ☐ Alcohol wipes
- ☐ Ketone Strips

## **PUMP SUPPLIES**

- ☐ Reservoirs/ Pods
- ☐ Infusion sets
- ☐ Sof-serter/ inserting device
- ☐ Other \_\_\_\_\_

## **GLUCOMETER SUPPLIES:**

- ☐ Glucometer
- ☐ Lancets
- ☐ Alcohol Wipes
- ☐ Glucose test strips
- ☐ Batteries

Comments: