SCHOOL YEAR _____

CHILD'S NAME _____ DATE _____

GRADE _____ TEACHER _____

DIABETES SUPPLY CHECK LIST

ITEM	BRAND/COUNT
INSULIN (VIAL / PEN)	
NEEDLES	
PUMP INSERTION SITES	
INSERTION DEVICE	
PUMP RESERVOIRS	
CGM SENSORS	
CGM TRANSMITTERS	
LANCING DEVICE	
LANCING NEEDLES	
GLUCAGON	
GLUCOSE METER	
LOW BLOOD SUGAR SUPPLIES	
GLUCOSE STRIPS	
KEYTONE STRIPS	
TAPE	
WIPES	
EMERGENCY SUPPLY BOXES FOR CLASSROOMS	