



Diabetes Supply Sheet

Month: _____

Dear Parents/Guardians:

Your child needs the following supplies. Please send in the marked supplies on the next school day. Please remember to check the expiration dates of all supplies.

FAST ACTING SNACKS

- Juices
- Glucose Tablets
- Glucose Gel/Icing
- Other _____

COMPLEX SNACKS

- Peanut Butter Crackers
- Cheese Crackers
- Other _____

INSULIN SUPPLIES:

- Syringes/Pen Needles
- Insulin bottle/Pen
- Ketone Strips
- Alcohol Wipes

GLUCOMETER SUPPLIES:

- Glucometer
- Glucose Test Strips
- Lancets
- Batteries

GLUCAGON:

Expires on _____