**SCHOOL DIABETES MANAGEMENT CHECKLIST**

**FOR PARENTS:**

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|  | Discuss specific care of your child with the teachers, school nurse and other staff who  |
|  | will be involved. |
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|  | Complete the individualized school health care plan with the help of school staff and  |
|  | your diabetes care staff. |
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|  | Make sure your child understands the details of who will help him/her with testing,  |
|  | shots and treatment of high or low blood sugars at school and where supplies will be |
|  | kept. Supplies should be kept in a place where they are always available if needed. |
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|  | Keep current phone numbers where you can be reached. Collect equipment for school:  |
|  | meter, strips and finger-poker, lancets, insulin, insulin syringes, biohazard container, log |
|  | book or a copy of testing record form (make arrangements to have blood sugars sent |
|  | home routinely), extra insulin pump supplies, ketone testing strips, photo for substitute |
|  | teacher’s folder. |
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|  | Food and drinks; parents need to check intermittently to make sure supplies are not used  |
|  | up: |
|  | * juice cans or boxes (approximately 15 grams of carb each)
* glucose tablets
* instant glucose or cake decorating gel
* crackers (±peanut butter and/or cheese)
* quarters to buy sugar pop if needed
* Fruit-Roll Ups
* dried fruit
* raisins or other snacks
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|  |  |
|  | box with the child’s name to store these food and drink items |