

SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**Individualized School Healthcare Plan (ISHP)  
Equipment and Supplies for Care of Diabetes at School**  
School Nurse to Complete with Parent and Pupil

Pupil:	DOB:	School:	Grade:
<b>Equipment And Supplies</b>	<p><b><u>Provided By Parent</u></b></p> <p><b><u>Daily Snacks</u></b> (for AM/PM snack times) Specify: _____</p> <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> (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> (5-day supply preferable)</p> <p>___ <b>Fast Acting Carbohydrate Drinks</b> (Apple juice and/or orange juice, sugared soda pop-NOT diet)</p> <p>___ <b>Glucose tablets:</b> 1-2 packages preferred</p> <p>___ <b>Glucose gel products</b> (Insta-Glucose, Monogel or Glucose/25-31 gms.) 1-2 preferred</p> <p>___ <b>Gel Cakemate</b> (not frosting), (19 gm., mini-purse size), 1-2 preferred</p> <p>___ <b>Prepackaged Snacks</b> (such as crackers with cheese or peanut butter, Nite-Bite™ etc.)</p> <p><b><u>High Blood Glucose Supplies</u></b></p> <p>___ Ketone test strips/bottle or meter kit</p> <p>___ Urine cup</p> <p>___ Water bottle</p> <p><b><u>Classroom/School Parties</u></b> Food treats will be handled as follows if 'at parent discretion' is approved on authorization page (under 'Meal Plan'):</p> <p>___ Pupil will eat the treat</p> <p>___ Replace with parent supplied alternative</p> <p>___ Put in baggie and take home with teacher note</p> <p>___ Modify the treat as follows: _____ _____ ___ Other: _____ _____</p>		<p><b><u>Provided By Parent</u></b> (Continued)</p> <p><b><u>Insulin Supplies</u></b></p> <p>___ Insulin pen</p> <p>___ Pre-filled syringes (labeled per dose)</p> <p>___ Insulin and syringes</p> <p>___ Extra pump supplies such as:</p> <p>___ Vial of insulin, syringes</p> <p>___ Pump syringe</p> <p>___ Pump tubing/needle</p> <p>___ Batteries</p> <p>___ Tape</p> <p>___ Insertion device</p> <p>Insulin supplies storage location: _____ _____ _____</p> <p><b><u>Emergency Supplies</u></b></p> <p>___ <b>Glucagon kit</b> stored: _____</p> <p><b><u>3-Day Disaster Diabetes Supplies</u></b></p> <p>___ Vial of insulin; 6 syringes</p> <p>___ Insulin pen with cartridge and needles</p> <p>___ Blood glucose testing kit (testing strips, lancing device with lancets)</p> <p>___ Glucose gel product and glucose tablets</p> <p>___ Glucagon kit</p> <p>___ Food supply (include daily meal plan) stored as follows: _____ ___ Ketone strips/plastic cup</p> <p>School will include a copy of the ISHP for diabetes care with the disaster supplies. Stored as follows : _____ _____</p> <p><b>Note:</b> Timing device may be wall clock or watch worn by pupil or personnel.</p> <p><b>Other Supplies, Specify:</b></p>