



**HITCHCOCK I.S.D. HEALTH SERVICES  
DIABETIC SUPPLIES  
Notification to Parent / Guardian**

1. Blood Glucose Meter and Blood Glucose Strips (amount 50)
2. Lancing Device
3. Alcohol pads (amount 50)
4. Ketostix – Blood or Urine (1 bottle)
5. Fast acting Carbohydrates (Juice, Soda, or Glucose tabs)
6. Carbohydrate snacks slow acting carbohydrates (crackers or cookies)
7. Syringes or pen needles (at least 30 syringes or 30 pen needles per month)
8. Realize may need more supplies/syringes per month if takes insulin which can not be mixed (example: Lantus insulin **MUST** be given alone and not mixed with other insulin, therefore, requires syringes per month and requires **TWO** shots)
9. Insulin vials or pens (Open new insulin every 28-30 days)
  - **Must** be in **original prescription box/label** with **child's name** or have a written order by physician with child's name
  - **Must** be **current prescription** and **non-expired**
10. If student has an insulin pump, then please provide appropriate supplies (ie: Dexcom Sensor, t-slim x2 cartridge, and tubing)
11. 1 –Glucagon Kit (**current prescription with child's name on it and non-expired**)  
If child is on insulin pump, please provide extra vial of insulin, infusion set, cartridge and batteries.

These are the initial Diabetic supplies needed to provide appropriate care for your child. If your doctor requests other supplies, please let your school clinic staff know of these items. You will be notified to bring in supplies as they diminish. **ALL SUPPLIES MUST BE CURRENT PRESCRIPTION AND NON-EXPIRED.**

**\*\*\*IT IS THE PARENT/LEGAL GUARDIAN'S RESPONSIBILITY TO PROVIDE ALL ABOVE SUPPLIES TO THE SCHOOL\*\*\***

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Thank you for your cooperation.

\_\_\_\_\_ Hitchcock Primary, (409)316-6467

\_\_\_\_\_ Stewart Elementary, (409)316-6543

\_\_\_\_\_ Crosby Middle School, (409)316-6542

\_\_\_\_\_ Hitchcock High School / District Nurse, (409)316-6544