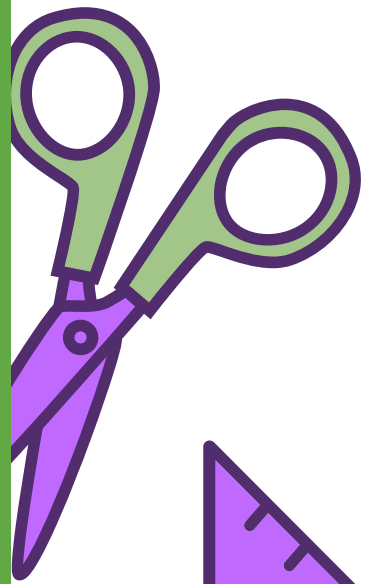


# TID BACK TO SCHOOL CHECKLIST

- Diabetes Medical Management Plan
- Meter (even if you use a Dexcom for back up)
- Test Strips
- Lancets
- CGM Supplies- Extra batteries or charging cord
- Insulin (Check expiration and ask school staff if insulin will be stored in a fridge or left at room temp.  
Reminder: Once opened or if left at room temp it only lasts 28 days)
- Low Snacks/Glucose Tabs
- Carb Free Snacks
- Ketone Testing supplies
- Hypoglycemia Emergency Medication (Glucagon, Gvoke, or Baqsimi) and check expiration date
- Alcohol Swabs
- Pen Needles
- Index card with important contacts to keep in back pocket
- Container to hold all supplies
- Check expiration date on all supplies



# BACK TO SCHOOL CHECK LIST FOR THE T1D PARENT

- Tell your school about DYS and that we are able to send, free of charge, a nurse educator to your school to train any adult who is responsible for your child including before and after school staff, as well as coaches.
- Your school nurse should have an individualized Health Care Plan (IHP) for your child based on their Diabetes Medical Management Plan (DMMP). This should include detailed information about their diabetes care at school.
- Emergency Care Plan for hypoglycemia and hyperglycemia based on their DMMP. Make sure the school distributes this plan to all school personnel responsible for your child while at school.
- Prior to school, start meeting with your child's school diabetes care team.
- Become familiar with 504 Plans and your child's rights. If you believe your child needs a 504 plan, bring it with you to the pre-school meeting and complete it with the school personnel.
- Work with the school care team to receive school breakfast and lunch meal plans ahead of time, so you can work with your child on carb counts and insulin dosage. Know what time of day your child will eat lunch and make sure you are available during that time to take a call and answer questions.
- What would your child like their teacher to know about diabetes:
  1. T1D is an autoimmune disease. It is not known why someone contracts it and there is no cure.
  2. T1D is with your child 24/7 and no two days are the same.
  3. My child's pancreas no longer produces insulin which converts carbs into energy, so my child has to either take an insulin injection or wear an insulin pump.
  4. My child can eat anything they want as long as they check their blood sugar and take the appropriate amount of insulin.
  5. My child has to check their blood sugar often either through pricking their finger or by checking their continuous glucose monitor (CGM). My child needs access to their diabetes technology at all times.

