

**Month/Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID:\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Date/Time** | **Item Dropped Off** | **Exp Date** | **Received** | **Returned** | **Total** | **Signature** |
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**Examples of non-medication diabetic supplies to sign in/out of clinic: Glucometer/Strips, Ketone Strips, Needles, Glucose Tabs, Pump Supplies, etc.**

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| **Date/Comment/Signature** |
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**RN Medication Administration Review Date:\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Correct: YES NO** Revised 6/12/25