

School Health Services

Self-Medicating and/or Self-Monitoring

Student

When completing this form, draw an “X” through any sections that do not apply. (Example: If you will not be self-monitoring, draw an “X” through the self-monitoring section.)

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 Student’s Name Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School Grade Homeroom Teacher

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|  List the medication(s) that you will be self-administering. | List the monitoring device(s) that you will be using |
| **Please read and initial each statement below if you agree. All are required in order to self-administer medications at school.** I know when I should and when I should not take the medication(s) noted above. \_\_\_\_\_\_\_\_ I know the signs and symptoms that may mean that I should not take the medication(s). \_\_\_\_\_\_\_\_ I know how much of the medication(s) noted above I should take. \_\_\_\_\_\_\_\_ I know how to take the medication(s) noted above. \_\_\_\_\_\_\_\_ I will take the medication(s) the way that my health care provider has instructed. \_\_\_\_\_\_\_ I will keep the medication in the package provided by the pharmacy or my health care practitioner. \_\_\_\_\_\_\_\_ I will keep the medication and any supplies needed for taking the medication(s) with me in a safe place. \_\_\_\_\_\_\_\_ I will not allow other students to touch or hold my medication(s) nor any of the supplies needed for taking the medication. \_\_\_\_\_\_\_\_ I understand that I will no longer be able to take my medication on my own if I endanger myself or another student by misusing the medication(s). \_\_\_\_\_\_\_\_ I understand that I can only take the medication(s) noted above on my own. All other medications must be given to me by a school employee. \_\_\_\_\_\_\_\_  | **Please read and initial each statement below if you agree. All are required in order to self-monitor at school.** I know when I should and when I should not use the monitoring device(s) noted above. \_\_\_\_\_\_\_\_ I know the signs that may mean that the monitoring device(s) is/are not working properly. \_\_\_\_\_\_\_\_ I know how often to use the monitoring device(s). \_\_\_\_\_\_\_\_ I will keep the monitoring device(s) and any supplies needed for using the monitoring device(s) with me in a safe place. \_\_\_\_\_\_\_\_ I will not allow other students to touch or hold my monitoring device(s) nor any of the supplies needed for using the monitoring device. \_\_\_\_\_\_\_\_ I understand that I will no longer be able to use the monitoring device(s) on my own if I endanger myself or another student by misusing the device(s). \_\_\_\_\_\_\_\_ I understand that I can only use the monitoring device(s) noted above on my own. All other devices must be used with the assistance of a school employee. \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent Signature | Date: |
| Student Signature | Date: |