A picture containing drawing

Description automatically generated

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: |