Healthy Children Learn Better

School Health Services
Self-Medicating and/or Self-Monitoring
Parent/Guardian

When completing this form, draw an "X" through any sections that do not apply. (Example: If the student will not be self-monitoring, draw an "X" through the self-monitoring section.) A new application for self-medicating and/or self-monitoring must be completed each school year. Permission from the student's health care provider is required for self-administration of medications and/or self-monitoring. An approved individual health care plan is also required. Students are not permitted to self-administer medications that are controlled substances.

Student's Name _____ Date of Birth _____

Name of School _____ Grade _____ Homeroom Teacher _____

List the medication(s) that may be self-administered.	**List monitoring device(s) that your child may use during the school day.**
Please read and initial each statement below if you agree. All are required in order for your child to self-administer medications at school. I authorize my child to possess and self-administer the medication(s) noted above as prescribed while in the classroom and in any area of the school or school grounds, at any school-sponsored activity, in transit to and from school or school-sponsored activities, and during before-school or after-school activities on school-operated property. _____ My child has been instructed about the proper use of the medication(s) noted above. _____ My child has shown me that he or she can safely self-administer the medication(s) noted above. _____ My child and I will be responsible for the proper use and safe-keeping of the medication. _____ I will not hold the school district or any of its employees or agents liable if an injury occurs related to my child self-medicating. I will be responsible for any costs related to any claims that occur related to my child self-medicating. _____ I understand that my child will lose the privilege to self-medicate if he or she endangers him- or herself or another student by misusing the medication(s). _____ I understand that my child may only self-administer the medication(s) noted above. All other medications must be given to my child by a school employee. _____ I understand that my child must keep his or her medications in the container provided by the pharmacist or my child's health care practitioner. The container must have my child's name, the name and dosage of the medication, and the directions for proper use on it._____	**Please read and initial each statement below if you agree. All are required in order for your child to self-monitor at school.** I authorize my child to possess and self-monitor with the device(s) noted above while in the classroom and in any area of the school or school grounds, at any school-sponsored activity, in transit to and from school or school-sponsored activities, and during before-school or after-school activities on school-operated property. _____ My child has been instructed about the proper use of the monitoring device(s) noted above. _____ My child has shown me that he or she can safely use the monitoring device(s) noted above. _____ My child and I will be responsible for the proper use and safe-keeping of the monitoring device(s). _____ I will not hold the school district or any of its employees or agents liable if an injury occurs related to my child self-monitoring. I will be responsible for any costs related to any claims that occur related to my child self-monitoring. _____ I understand that my child will lose the privilege to self-monitor if he or she endangers himself or another student by misusing the monitoring device(s). _____ I understand that my child may only self-monitor with the device(s) noted above. All other devices must be used with the assistance of a school employee. _____

Parent/Guardian Signature _____ Date _____

Healthy Children Learn Better

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.)

Student's Name _____ Date of Birth _____

Name of School _____ Grade _____ Homeroom Teacher _____

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.	**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 take the medication(s) noted above. _____	I know when I should and when I should not use the monitoring device(s) noted above. _____
I know the signs and symptoms that may mean that I should not take the medication(s). _____	I know the signs that may mean that the monitoring device(s) is/are not working properly. _____
I know how much of the medication(s) noted above I should take. _____	I know how often to use the monitoring device(s). _____
I know how to take the medication(s) noted above. _____	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 take the medication(s) the way that my health care provider has instructed. _____	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 will keep the medication in the package provided by the pharmacy or my health care practitioner. _____	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 will keep the medication and any supplies needed for taking the medication(s) with me in a safe place. _____	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. _____
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. _____	

Student's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

Healthy Children Learn Better

School Health Services
Self-Medicating and/or Self-Monitoring
Health Care Practitioner Authorization

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

This form must be completed by the health care practitioner who prescribed the student's medication or monitoring device. Note that students will not be permitted to self-administer medications that are classified as controlled substances. Medications must be kept by the student in the container labeled by the pharmacist who filled the prescription. "Sample" medications must be kept in a container that identifies the student and the medication; the container must have a note attached from the health care provider outlining the directions for proper use. An approved individual health care plan is required for students who will self-medicate and/or self-monitor.

Student's Name _____ Date of Birth _____

Name of School _____ Grade _____ Homeroom Teacher _____

Allergies:

Diagnosis/Description of Special Health Care Need:

List the medication(s) related to the student's medical diagnosis that may be self-administered. **Attach specific instructions for how the medication(s) should be used during the school day.**	List monitoring devices related to the student's medical diagnosis that the student may use during the school day. **Attach specific instructions for how the monitoring device(s) should be used during the school day.**
Initial all that apply. All must be initialed in order for the student to be allowed to self-medicate at school. The student named above (a) has been instructed regarding the appropriate use of the medication(s) noted above (i.e., indications, actions, side effects, when to take the medication, when not to take the medication, when to seek assistance). _____ (b) has demonstrated competency for safely self-administering the medication(s) noted above. _____ I agree that the student named above should be allowed to possess and self-administer the medication(s) noted above while in the classroom and in any area of the school or school grounds, at any school-sponsored activity, in transit to and from school or school-sponsored activities, and during before-school or after-school activities on school-operated property. _____	Initial all that apply. All must be initialed in order for the student to be allowed to self-monitor at school. The student named above (a) has been instructed regarding the appropriate use of the monitoring device(s) noted above (i.e., indications, interpreting results, safety precautions, simple trouble shooting, when to seek assistance). _____ (b) has demonstrated competency for safely using the monitoring device(s) noted above. _____ I agree that the student named above should be allowed to possess and self-monitor with the device(s) noted above while in the classroom and in any area of the school or school grounds, at any school-sponsored activity, in transit to and from school or school-sponsored activities, and during before-school or after-school activities on school-operated property. _____

Prescribing Health Care Provider's Signature:	Date:
Provider's Printed Name:	Office Phone Number: