



# 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. A new application for possession of medication(s) or devices (s) self-medicating must be completed each school year. Permission from the student's health care provider and parent is required. An approved individual health care plan is also required.

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of School \_\_\_\_\_

Grade \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

List the medication(s) that may be kept in the classroom or book bag.

List monitoring device(s) that your child may require during the school day.

**Please read and initial each statement below if you agree. All are required in order for your child to possess medications.**

**Please read and initial each statement below if you agree. All are required in order for your child to possess the device(s) at school.**

I authorize my child to possess 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. \_\_\_\_\_

I authorize my child to possess 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. \_\_\_\_\_

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 direction for proper use on it. \_\_\_\_\_

I will be responsible for the monitoring of the medication(s) and/or device(s). \_\_\_\_\_

I will be responsible for providing the school district with the prescribed medication and informing the principal, school nurse, and teacher of any medication changes. \_\_\_\_\_

I understand that my child may only keep the device(s) noted above. \_\_\_\_\_

I, the parent /legal guardian, acknowledge that the district, its employees, and agents, pursuant to state statute, are not liable for any injury arising from the student's self-administering medications and self-monitoring or use of self-monitoring devices and shall indemnify and hold harmless the district and its employees and agents against any claims arising out of the self-monitoring or self-administration of medication by the student. \_\_\_\_\_

I, the parent /legal guardian, acknowledge that the district, its employees, and agents, pursuant to state statute, are not liable for any injury arising from the student's self-administering medications and self-monitoring or use of self-monitoring devices and shall indemnify and hold harmless the district and its employees and agents against any claims arising out of the self-monitoring or self-administration of medication by the student. \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_