



**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 may be self-administered.

List 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 I will take the medication(s) the way that my health care provider has instructed.**\_\_\_\_\_

**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 keep the medication in the package provided by the pharmacy or my health care practitioner.**\_\_\_\_\_

**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 and any supplies needed for taking the medication(s) with me in a safe place.**\_\_\_\_\_

**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 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 use the monitoring device(s) noted above on my own. All other devices must be used with the assistance of a school employee.**\_\_\_\_\_

**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 \_\_\_\_\_