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.)

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Date of Birth</th>
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<thead>
<tr>
<th>Name of School</th>
<th>Grade</th>
<th>Homeroom Teacher</th>
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List the medication(s) that you will be self-administering.

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. ________

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-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. ________

Student’s Signature: __________________________  Date: ______________

Parent’s/Guardian’s Signature: __________________________  Date: ______________