

Florence Five Schools  
Johnsonville, SC 29555

**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 \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_

<p>List the medication(s) that you will be self-administering.</p>	<p>List the monitoring device(s) that you will be using.</p>
<p>Please read and initial each statement below if you agree. All are required in order to self-administer medications at school.</p> <p>I know when I should and when I should not take the medications(s) noted above. _____</p> <p>I know the signs and symptoms that may mean that I should not take medication(s). _____</p> <p>I know how much of the medication(s) noted above I should take. _____</p> <p>I will take the medication(s) the way that my health care provider has instructed. _____</p> <p>I will keep the medication in the package provided by the pharmacy or my health care practitioner. _____</p> <p>I will keep the medication and any supplies needed for taking the medication(s) with me in a safe place. _____</p> <p>I will not allow other students to touch or hold my medication(s) nor any of the supplies needed for taking the medication. _____</p> <p>I understand that I will no longer be able to take my medication on my own if I endanger myself or another student my misusing the medication(s). _____</p> <p>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. _____</p>	<p>Please read and initial each statement below if you agree. All are required in order to self-monitor at school.</p> <p>I know when I should and when I should not use the monitoring device(s) noted above. _____</p> <p>I know the signs that may mean that the monitoring device(s) is/are not working properly. _____</p> <p>I know how often to use the monitoring device(s). _____</p> <p>I will keep the monitoring device(s) and any supplies needed for using the monitoring device(s) with me in a safe place. _____</p> <p>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. _____</p> <p>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). _____</p> <p>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. _____</p>

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_