



# Charleston County School District Self-Medicating/Self-Monitoring Student Agreement

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/Afterschool Activity Teacher \_\_\_\_\_

List 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, at after-school activities, or on school-sponsored field trips.

Please read and initial each statement below if you agree. All are required in order to self-monitor at school or at after-school activities, or field trips.

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 medications(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 use, 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 or volunteer nurse/physician trained by the school nurse at an after-school event or field trip. \_\_\_\_\_

I will not allow other students to take, touch, or hold my medication(s) or 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 medications(s) noted above on my own. Any other medications must be given to me by a school employee or volunteer nurse/physician trained by the school nurse at an after-school event or field trip. \_\_\_\_\_

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

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_