



Self-Medicating and/or Self-Monitoring: Health Care Practitioner

When completing this form, draw an "X" through any sections that do not apply. (Example: If the student will not be self-monitoring, draw an "X" through the monitoring section.)

This form must be completed by the health care practitioner who prescribed the medication or monitoring device. Note that students will not be permitted to self-administer medications classified as controlled substances. Medications must be kept by the student in the container labeled by the pharmacist who filled the prescription. Sample medications must be kept in the container, identifying the student and a note from the health care provider outlining directions for proper use. An approved IHP is *required* for students who will self-medicate and/or self-monitor.

Student's Name	Date of Birth
Name of School	Homeroom Teacher
Grade	
Diagnosis/Description of Special Health Care Need:	

<p>List the medication(s) related to the student's medical diagnosis to be self-administered. ATTACH SPECIFIC INSTRUCTIONS FOR HOW MEDICATION(S) SHOULD BE USED DURING THE SCHOOL DAY OR SCHOOL RELATED ACTIVITIES.</p> 	<p>List the monitoring device(s) related to the student's medical diagnosis that the student may use during the school day. ATTACH SPECIFIC INSTRUCTIONS FOR HOW DEVICE(S) SHOULD BE USED DURING THE SCHOOL DAY OR SCHOOL RELATED ACTIVITIES.</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>The student named above (a) has been instructed on the appropriate use of the medication(s) noted above. (i.e. indications, actions, side effects, when to seek assistance) _____ (b) has demonstrated competency for safely self-administering the medication(s). _____ I agree that the student should be permitted to possess and self-administer the medication(s) while in the classroom or on school grounds during the school day, at school-sponsored activities, in transit to and from school or school-sponsored activities, and during before or after-school activities on school-operated property. _____</p>	<p>Please read and initial each statement below if you agree. All are required in order to self-monitor at school.</p> <p>The student named above (a) has been instructed on the appropriate use of the monitoring device(s) noted above. (i.e. indications, interpreting results, safety precautions, when to seek assistance) _____ (b) has demonstrated competency for safely using the monitoring device(s). _____ I agree that the student should be permitted to possess and self-monitor with the device(s) while in the classroom or on school grounds during the school day, at school-sponsored activities, in transit to and from school or school-sponsored activities, and during before or after-school activities on school-operated property. _____</p>

Health Care Provider's Signature	Date
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Health Care Provider's Printed Name	Office Phone Number/Fax Number
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