

## Health Services Self-Monitoring Authorization Form

### School Year \_\_\_\_\_

*Authorization from the student's prescriber, parent, and student are required for self-monitoring.*

<b>Child's Full Name:</b>	<b>DOB:</b>	<b>Grade:</b>	<b>Teacher:</b>	<b>School:</b>
<b>List the Monitoring Device(s):</b>				
<b>List Medical Diagnosis for which the student will need to Self-Monitor:</b>				
<i>In the section below, please read and initial each statement concerning the above medication indicating you agree. All are required in order to self-monitor.</i>				
<b>HEALTH CARE PROVIDER</b> To be completed by the Prescriber	<b>PARENT AUTHORIZATION</b> To be completed by the Legal guardian	<b>STUDENT AUTHORIZATION</b> To be completed by the Student		
<ol style="list-style-type: none"> <li>1. The student named above has been instructed regarding the appropriate use of the monitoring device(s) noted above (i.e., indications, interpreting results, safety precautions, simple trouble shooting, when to seek assistance). _____</li> <li>2. The student named above has demonstrated competency for safely using the monitoring device(s) noted above. _____</li> <li>3. I agree that the student named above should be allowed to possess and self-monitor with the device(s) noted above while in any area of the school or school grounds, at any school-sponsored activity, in transit to and from school or school-sponsored activities, and during before-school or after-school activities on school-operated property. _____</li> <li>4. This student does not require adult supervision while using this monitoring device. _____</li> </ol>	<ol style="list-style-type: none"> <li>1. I authorize my child to possess and self-monitor with the device(s) noted above while in the classroom and in any area of the school or school grounds, at any school-sponsored activity, in transit to and from school or school-sponsored activities on school-operated property. _____</li> <li>2. My child has been instructed about the proper use of the monitoring device(s) noted above. _____</li> <li>3. My child has shown me that he or she can safely use the monitoring device(s) noted above. _____</li> <li>4. My child and I will be responsible for the proper use and safe-keeping of the monitoring device(s). _____</li> <li>5. I will not hold the school district or any of its employees or agents liable if an injury occurs related to my child self-monitoring. I will be responsible for any costs related to any claims that occur related to my child self-monitoring. _____</li> <li>6. I understand that my child will lose the privileges to self-monitor if he or she endangers himself or another student by misusing the monitoring device(s). _____</li> <li>7. I understand that my child may only self-monitor with the device(s) noted above. All other devices must be used with the assistance of a school employee. _____</li> </ol>	<ol style="list-style-type: none"> <li>1. I know when I should and when I should not use the monitoring device(s) noted above. _____</li> <li>2. I know the signs that may mean that the monitoring device(s) is/are not working properly. _____</li> <li>3. I know how often to use the monitoring device(s). _____</li> <li>4. I will keep the monitoring device(s) and any supplies needed for using the monitoring device(s) with me in a safe place. _____</li> <li>5. 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. _____</li> <li>6. 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). _____</li> <li>7. 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. _____</li> </ol>		
<b>Prescriber's Signature:</b>	<b>Parent's Signature:</b>	<b>Student's Signature:</b>		
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>		

\*A new authorization form for self-monitoring must be completed each school year.

\*An approved Individual Health Care Plan and Prescription Permission Form are required to be completed with this form.