ORANGEBURG COUNTY SCHOOL DISTRICT
We Are One

School Health Services
Self-Medicating and/or Self-Monitoring
Parent/Guardian

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 self-monitoring section.) A new application for self-medicating and/or self-monitoring must be completed each school year. Permission from the student's health care provider is required for self-administration of medications and/or self-monitoring.

Students are not permitted to self-administer medications that are controlled substances.

Student's Name _____ Date of Birth _____

Name of School _____ Grade _____ Homeroom Teacher _____

List the medication (s) that may be self-administered.	**List monitoring device(s) that your child may use during the school day.**
Please read and initial each statement below if you agree. All are required in order to self-administer medications at school. I authorize my child to possess and self-administer the medication(s) noted above as prescribed while in the classroom and in any area of the school or school grounds, at any school-sponsored activities, and during before-school or after-school activities on school-operated property. _____ My child has been instructed about the proper use of the medication(s) noted above. _____ My child has shown me that he/she can safely self-administer the medication(s) noted above. _____ My child and I will be responsible for the proper use and safe-keeping of the medication. _____ I will not hold the school district or any of its employees or agents liable if an injury occurs related to my child self-medicating. I will be responsible for any costs related to any claims that occur related to my child self-medicating. _____ I understand that my child will lose the privileges to self-medicate if he/she endangers himself or another student by misusing the medication(s). _____ I understand that my child may only self-administer the medication(s) noted above. All other medications must be given to my child by the school nurse, the principal, or his/her designee. _____ I understand that my child must keep his/her medications in the container provided by the pharmacist or my child's health care practitioner. The container must have my child's name and dosage of the medication, and the directions for proper use on it. _____	**Please read and initial each statement below if you agree. All are required in order for your child to self-monitor at school.** 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, and during before-school or after-school activities on school-operated property. _____ My child has been instructed about the proper use of the monitoring device(s) noted above. _____ My child has shown me that he/she can safely use the monitoring device(s) noted above. _____ My child and I will be responsible for the proper use and safe-keeping of the monitoring device(s). _____ 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. _____ I understand that my child will lose the privileges to self-monitor if he/she endangers himself or another student by misusing the monitoring device(s). _____ 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 the school nurse, the principal, or his/her designee. _____

Parent/Guardian Signature _____ Date _____