

BCSD Health Services Self-Monitoring Authorization Form

School Year 2024-2025

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

Child's Full Name:	DOB:	Grade:	Teacher:	School:
List the <u>Monitoring Device(s)</u> and Specific Instructions:		List <u>Medical Diagnosis</u> for which the student will need to Self-Monitor:		
<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>				
HEALTH CARE PROVIDER To be completed by the Prescriber	PARENT AUTHORIZATION To be completed by the Legal guardian		STUDENT AUTHORIZATION To be completed by the Student	
<ol style="list-style-type: none"> 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). _____ 2. The student named above has demonstrated competency for safely using the monitoring device(s) noted above. _____ 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. _____ 4. This student does not require adult supervision while using this monitoring device. _____ 	<ol style="list-style-type: none"> 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, and during before-school or after-school activities on school-operated property. _____ 2. My child has been instructed about the proper use of the monitoring device(s) noted above. _____ 3. My child has shown me that he or she can safely use the monitoring device(s) noted above. _____ 4. My child and I will be responsible for the proper use and safe-keeping of the monitoring device(s). _____ 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. _____ 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). _____ 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. _____ 		<ol style="list-style-type: none"> 1. I know when I should and when I should not use the monitoring device(s) noted above. _____ 2. I know the signs that may mean that the monitoring device(s) is/are not working properly. _____ 3. I know how often to use the monitoring device(s). _____ 4. I will keep the monitoring device(s) and any supplies needed for using the monitoring device(s) with me in a safe place. _____ 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. _____ 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). _____ 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. _____ 	
Prescriber's Signature:	Parent's Signature:		Student's Signature:	
Date:	Date:		Date:	

*A new authorization form for self-medicating must be completed each school year after July 1st before the coming school year.

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