School Health Services Self-Monitoring Permission Form

Healthy Children Learn Better

An approved individual health care plan is required for students who will self-medicate and/or self-monitor. A new form is needed for each school year.

Students Name:	DOB:	Grade:	School:	Teacher:

List the Monitoring Device(s) :	List the diagnosis for which student will need to self-monitor:

In the section below, please read and initial each statement concerning the above monitoring device(s) indicating you agree. All are required in order to self-monitor.

Health Care Provider: To be completed by prescriber.	Parent Authorization: To be completed by the legal guardian.	Student Authorization: To be completed by the student.
The student named above (a) 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). _____ (b) has demonstrated competency for safely using the monitoring device(s) noted above. _____ I agree that the student named above should be allowed 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. _____	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 or 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 privilege to self-monitor if he or 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 a school employee. _____	I know when I should and when I should not use the monitoring device(s) noted above. _____ I know the signs that may mean that the monitoring device(s) is/are not working properly. _____ I know how often to use the monitoring device(s). _____ 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 not allow other students to touch or hold my monitoring device(s) nor any of the supplies needed for using the monitoring device. _____ 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 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 Name: **Prescriber Signature:** **Date:**	**Parent/Guardian Name:** **Parent/Guardian Signature:** **Date:**	**Student Name:** **Student Signature:** **Date:**