THE SCHOOL DISTRICT OF GREENVILLE COUNTY
MEDICAL HEALTH SERVICES

When completing this form, draw an "X" through any sections that do not apply.

STUDENT'S NAME: _____ DATE OF BIRTH: _____

NAME OF SCHOOL: _____ DATE: _____

List the medication(s) related to your health care needs that may be self-administered.

_____

Please read and initial each statement below if you agree. All are required in order to self administer medications at school.

I know when I should and when I should not take the medication(s) above. _____

I know the signs and symptoms that may indicate that I should not take the medication(s). _____

I know how much of the medication(s) noted above I should take. _____

I know how to take the medication(s) noted above. _____

I will take the medication(s) the way that my health care provider has instructed. _____

I will keep the medication in the package provided by the pharmacy or my health care provider. _____

I will keep the medication and any supplies needed for taking the medication(s) with me in a safe place. _____

I will not allow other students to touch or hold my medication(s) nor any of the supplies needed for taking the medication. _____

I understand that I will no longer be able to take my medication on my own if I endanger myself or another student by misusing the medication(s). _____

I understand that I can only take the medication(s) noted above on my own. All other medications must be given to me by a school employee. _____

List the monitoring devices related to your health care needs that you may use during the school day.

_____

Please read and initial each statement below if you agree. All are required in order to self-monitor at school.

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. _____

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____