



**Medical Health Services**  
**GREENVILLE COUNTY SCHOOLS**

LET-19 rev 3/2018  
**Self-Administer**

STUDENT NAME:	DATE OF BIRTH:
SCHOOL:	DATE:

<p>Medications related to your health care needs that may be self-administered:</p> <p><input type="checkbox"/> Epi-pen    <input type="checkbox"/> Inhaler    <input type="checkbox"/> Insulin</p> <p><input type="checkbox"/> Other(list): _____</p>	<p>List monitoring devices related to your health care needs that you may use during the day:</p> <p><input type="checkbox"/> Diabetes supplies</p> <p><input type="checkbox"/> Other(list): _____</p>
<p>Please read and initial each statement below if you agree. All are required in order to self-administer medication at school.</p>	<p>Please read and initial each statement below if you agree. All are required in order to self-administer at school.</p>
<ul style="list-style-type: none"> <li>• I know when I should and when I should not take the medication(s) above: _____</li> </ul>	<ul style="list-style-type: none"> <li>• I know when I should and when I should not use the monitoring device(s) noted above: _____</li> </ul>
<ul style="list-style-type: none"> <li>• I know the signs and symptoms that may mean that I should not take the medication(s): _____</li> </ul>	<ul style="list-style-type: none"> <li>• I know the signs that may mean that the monitoring device(s) is/are not working properly: _____</li> </ul>
<ul style="list-style-type: none"> <li>• I know how much of the medication(s) noted above I should take: _____</li> </ul>	<ul style="list-style-type: none"> <li>• I know how often to use the monitoring device(s): _____</li> </ul>
<ul style="list-style-type: none"> <li>• I know how to take the medication(s) noted above: _____</li> </ul>	<ul style="list-style-type: none"> <li>• I will keep the monitoring device(s) and any supplies needed for using the monitoring device(s) with me in a safe place: _____</li> </ul>
<ul style="list-style-type: none"> <li>• I will take the medication(s) the way that my health care provider has instructed: _____</li> </ul>	<ul style="list-style-type: none"> <li>• 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> </ul>
<ul style="list-style-type: none"> <li>• I will keep the medication in the package provided by the pharmacy or my health care provider: _____</li> </ul>	<ul style="list-style-type: none"> <li>• 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> </ul>
<ul style="list-style-type: none"> <li>• I will keep the medication and any supplies needed for taking the medication(s) with me in a safe place: _____</li> </ul>	<ul style="list-style-type: none"> <li>• I understand that I can only use the monitoring device(s) noted above on my own. All other devices must be used with assistance of a school employee: _____</li> </ul>
<ul style="list-style-type: none"> <li>• I will not allow other students to touch or hold my medication(s) nor any of the supplies needed for taking the medication: _____</li> </ul>	
<ul style="list-style-type: none"> <li>• 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): _____</li> </ul>	
<ul style="list-style-type: none"> <li>• 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: _____</li> </ul>	

STUDENT SIGNATURE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ INITIALS: \_\_\_\_\_