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



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 for your child 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 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