



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

(the self-monitoring section.)

6 W X G H Q W V 1 D P H _____ Date of Birth

Name of School _____ Grade _____ Homeroom Teacher _____

List the medication(s) that you will be self-administering. List the monitoring device(s) that you will be using.

medication(s) noted above. _____

I know the signs and symptoms that may mean 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 practitioner _____

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