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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