Student Self-Medication Performance Checklist

Upon completion of this checklist, the student with written parental and physician consent, may selfmedicate under the supervision of a certified school nurse.

Student Name	Grade	Date
To self-medicate at school, the student m	ust	Check if "YES"
1. Respond to his/her name and visually recognize his/her written name		
2. Identify his/her medication		
3. State reason for taking medication and identify		
signs and symptoms indicating use		
4. Identify effects and side effects of medication		
5. Demonstrate correct administration technique		
6. Identify where medication with be carried on his/her person at all times		
7. State understanding that school nurse r	nust be notified immediately	
following use of medication		
8. Demonstrate a cooperative attitude in a	alt aspects of self-administration	
of medication		
Student qualified to perform self-administ	ration of medication	

Signature of School Nurse

Date

Signature of Student

Date