

Tunkhannock Area School District  
AUTHORIZATION FORM  
Self-Medication and or Monitoring of Blood Glucose

Student's name \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

This form must be on file in the school health office prior to the student's self-medication /monitoring and or possession of equipment or medication:

\_\_\_\_\_ epi pen \_\_\_\_\_ asthma inhaler \_\_\_\_\_ insulin \_\_\_\_\_ glucometer

**For completion by student**

I, \_\_\_\_\_ (student's name) have received instruction from my health care provider on the proper safety precautions for the handling and disposal of medications and monitoring equipment and I agree that I will not allow other students to have access to this medication or monitoring equipment and I understand the safeguards.

I, \_\_\_\_\_, (student's name) understand the need to report any problems with the medication to the school nurse or school official.

**For completion by parent**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,

authorize my child to self-monitor and self-administer the medication as directed by their licensed prescriber. The completed Medication Administration Consent/Licensed Prescriber's Order is on file in the school health office.

I agree to comply with Board policy and regulations regarding self-administration/ self-monitoring. I agree to submit any information contained in the prescriber's authorization or my authorization changes.

I also relieve the district and its employees of responsibilities for the prescribed medication or monitoring equipment and acknowledge that the school is not responsible for ensuring that the medication is taken or the monitoring equipment is used.

**For completion by school nurse**

I \_\_\_\_\_, school nurse, acknowledge that \_\_\_\_\_ has demonstrated capability of self-administration of medication and the proper use of monitoring equipment; the student has verbalized understanding of appropriate safeguards.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature Student \_\_\_\_\_ Date \_\_\_\_\_

Signature School Nurse \_\_\_\_\_ Date \_\_\_\_\_