



# GREER MIDDLE COLLEGE CHARTER HIGH SCHOOL

HOME OF THE BLAZERS

Greer Middle College Charter High School Self Medication/Self Monitor Form

School Year: \_\_\_\_\_

Student Name: _____	Birthdate: _____
Medication or Monitoring Device: _____	
Medical Diagnosis that requires medication or monitoring device: _____	
In the section below, please read and initial each statement concerning the above medication indicating you agree.	
<p><b><u>Parent/Legal Guardian Authorization:</u></b></p> <ol style="list-style-type: none"> <li>1. ___ I authorize my child to possess and self-medicate/monitor with the device(s) noted above while in the classroom and any area of the school, at any school sponsored activity, in transit to and from school or school sponsored activities and during, before and after school activities.</li> <li>2. ___ My child has been instructed about the proper use of the medication/monitoring device(s) noted above.</li> <li>3. ___ My child has demonstrated that he/she can safely use the medication/monitoring device(s) noted above.</li> <li>4. ___ My child and I will be responsible for the proper use and safe-keeping of the medication/monitoring device(s).</li> <li>5. ___ I will not hold the school responsible if an injury occurs related to my child self-medicating/monitoring. I will be responsible for any costs related to any claims that occur related to my child self-medicating/monitoring.</li> <li>6. ___ I understand that my child will lose privileges to self-medicate/monitor if he or she endangers himself or another student by misusing the medication/monitoring device(s).</li> <li>7. ___ I understand that my child may only self-medicate/monitor with the device(s) noted above. All other devices must be used with the assistance of a designated school employee.</li> </ol>	<p><b><u>Student Authorization:</u></b></p> <ol style="list-style-type: none"> <li>1. ___ I know when I should and when I should not use the medication/monitoring device(s) noted above.</li> <li>2. ___ I know the signs that may mean that the medication/monitoring device(s) is/are not working properly.</li> <li>3. ___ I know how often to use the medication/monitoring device(s).</li> <li>4. ___ I will keep the medication/monitoring device(s) and supplies needed for using the device(s) with me in a safe place.</li> <li>5. ___ I will not allow other students to touch or hold my medication/monitoring device(s) nor any of the supplies needed for the device(s).</li> <li>6. ___ I understand that I will no longer be able to use the medication/monitoring device(s) on my own if I endanger myself or another student by misusing the device(s).</li> <li>7. ___ I understand that I can only use the medication/monitoring device(s) noted above on my own. All other devices must be used with the assistance of a designated school employee.</li> </ol>
Parent/Legal Guardian Signature: _____	Student Signature: _____
Printed Parent/Legal Guardian Name: _____	Printed Student Name: _____
Date: _____	Date: _____