Nash-Rocky Mount Public Schools
Student Health Services

Student Safety Skills Check List
Medication Self-Administration
2015/2016

Nursing Assessment for Determination of Student to Safely Self-Administer Medication

Student_____DOB_____Grade_____

School_____Teacher/HR _____

The Nash-Rocky Mount Public School board recognizes that students with acute and chronic healthcare conditions may need to possess and self-administer medication on school property. School administration may approve self-medication by students upon written permission of the parent/legal guardian, receipt of all required documents, and determination by the school nurse that the student meets all criteria for safety, responsibility, and competency.

The following safety measures/skills must be covered by the school nurse and the student must independently verbalize understanding and/or demonstrate competency for approval to self-administer medication in the school setting/school-sponsored events. This training is valid for the school year (including summer school as appropriate) in which it is given.

Requirement - Self-Medication Authorization Form *(One of the following must be provided.)* **Authorization Date**

☐ Completed medication administration authorization form with specific directions and signatures of healthcare provider and parent/legal guardian, if applicable. _____

☐ Completed self-medication authorization form with clear directions and signatures of parent/legal guardian, student, school administrator, and school nurse. _____

	Medication (name, dosage, time, frequency, route):	**Initials**	
✓	**Self-Medication Administration Safety Measures/Skills***	**Student**	**Sch. Nurse**
	Recognize this medication (e.g., color, shape, size).		
	Determine the correct dosage which is needed (e.g., one tablet, 2 puffs, 3 units, etc.).		
	Identify the time this medication is needed during the school day (e.g., lunch time, before/after lunch, before PE class).		
	Describe how to take this medication from original labeled pharmacy container or original OTC container and administer it to him/herself (or is able to direct staff member to assist) by the correct route (e.g., oral, nasal, inhaled, topical).		
	Describe why (purpose) this medication is taken and under what circumstances it is appropriate to do so (e.g., to improve blood glucose or vital sign ranges that are acceptable to take medication, taken only for headache, shortness of breath, etc.).		
	Describe what happens when this medication is not taken (e.g., blood glucose will elevate, complications of elevated blood sugar, etc.).		
	Describe when to refuse to take this medicine when appropriate (wrong color, shape, amount, duplicate dose).		
	Agree that this medication will not be shared with another individual.		
	Medication must always be in the original, properly labeled pharmacy or store container.		
	Describe safe possession and storage of medication.		
	Describe what to do at the end of school year (e.g., pick-up of medication, if stored at school).		
	Describe what to do if there is a change in medication administration – new medication, change in time, dose, frequency, etc. (e.g., submit new form to reflect changes).		

❑ This student ***meets*** the criteria listed above and has been approved to self-administer medication at school.
❑ This student ***does not meet*** the criteria listed above, and has not been approved to self-administer medication at school.

☐ (Optional) Copy shared with parent on _____

School Nurse _____Date _____

Student _____Date _____