THE SCHOOL DISTRICT OF PHILADELPHIA

Student _____ DOB _____

Name of Medication: _____Diagnosis:_____

Name of Treating Physician: _____

Criteria for Self-Administration:

Answer all of the questions by circling "yes" or "no". If you cannot conclusively respond to a question by answering "yes", you must answer that question no. The student can be approved for self-administration only if all questions, other than the last, are answered "yes" and the last is answered "no".

The student **does/does not** demonstrate the specified responsibilities. The student may carry the medication.

_____ _____

(Student/date) (School Nurse/date)

I request that my child be allowed to carry his/her medication and be responsible for its proper storage and use. I will support my child to follow the above agreement and if s/he does not, I will be contacted and we will develop a new plan.

_____ _____

(Parent/guardian and date) (Parent daytime telephone numbers)

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			Comments
Yes	No	Can the student accurately explain the chronic condition for which he or she requires medication?	
Yes	No	Can the student accurately explain the time of day or the exact conditions under which he or she must administer his or her medication?	
Yes	No	Can the student identify the exact dose of medication that he or she must administer, and if that dosage varies, based on conditions (e.g. high or low blood sugars or carbohydrate intake for a diabetic); can he or she explain exactly how to calibrate the correct dosage?	
Yes	No	Does the student understand the importance of regular, consistent administration of medication in accordance with the orders of his or her treating physician?	
Yes	No	Can the student explain the safe and secure containment of medications and equipment that he or she will use or self-administer, including the safe disposal or containment of treatment waste and adherence to universal precautions in doing so (e.g., sharps used to draw blood for blood glucose monitoring)?	
Yes	No	Has the student demonstrated to you the cognitive and motor skills necessary to administer the medication or treatment regimen in question?	
Yes	No	Health care action plan complete?	