

SELF-MEDICATION ASSESSMENT

Student: _____ School: _____

D.O.B.: _____ Age: _____ Grade: _____

Physical/behavioral limitations: _____

Name of medication: _____

Self-Medication Criteria:

A. Student is capable of identifying individual medication. Yes No
Comments: _____

B. Student is knowledgeable of purpose of individual medication. Yes No
Comments: _____

C. Student is able to identify/associate specific symptom occurrence and need for medication administration. Yes No
Comments: _____

D. Student is capable/knowledgeable of medication dosage. Yes No
Comments: _____

E. Student is knowledgeable about method of medication administration. Yes No
Comments: _____

F. Student is able to state side effects/adverse reactions to medication. Yes No
Comments: _____

G. Student is knowledgeable of how to access assistance for self if needed in an emergency. Yes No
Comments: _____

H. An individual Health Care Plan has been developed for the student which will monitor and evaluate the student's health status. Yes No

Based on assessment:

_____ The student is not a candidate for a self-medication program at this time.

_____ The student is a candidate for a self-medication program with supervision.

_____ The student has successfully completed self-medication training and has demonstrated appropriate self-administration.

Comments: _____

Principal/Teacher notified Yes No

Nurse's Signature _____ Date _____