

SELF-MEDICATION ASSESSMENT

Student: _____ School: _____

D.O.B.: _____ Age: _____

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 his medication. Yes No

Comments: _____

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

Comments: _____

H. Students understand their responsibility for transporting and carrying medication.

Yes No

Comments: _____

Based on Assessment:

Student is not a candidate for self-medication program at this time.

Student is a candidate for self-medication program with supervision.

Student has successfully completed self-medication training and demonstration of self-administration.

Comments: _____

Principal/Teacher notified: Yes No

School Nurse: _____

Date: _____