

SELF-MEDICATION ASSESSMENT

Student: \_\_\_\_\_ School: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Physical/behavioral limitations: \_\_\_\_\_

**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  
Comments: \_\_\_\_\_

**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: \_\_\_\_\_