

210-AG-2. USE OF MEDICATIONS

**MEDICAL SELF-ADMINISTRATION
COMPETENCY ASSESSMENT FORM**

Name of Student	Date of Assessment	Student Age
Name of Treating Physician	Date of Current Orders from Physician	
Diagnosis	Medication/Treatment to be Self-Administered	

Answer *all* of the following 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.”

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| 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 | Do you have written orders or other written confirmation from the treating physician or nurse practitioner that the student can self-administer the medication or treatment in question? |

(Continued)

**Medical Self-Administration
Competency Assessment Form - p. 2**

Yes No Has the student expressed any opinions or demonstrated any behaviors to you or others that raise concerns about his or her maturity, attitude toward his or her condition, or willingness to respond truthfully to your questions or ability to adhere consistently to his or her treatment in accordance with the orders of his or her treating physician? If yes, explain the source of your concern: _____

Check one:

- This student is competent to self-administer the medication or treatment described above.
- This student is not competent at this time to self-administer the medication or treatment described above.

Signature of School Nurse

Printed Name of School Nurse

Date