



Self-Administering Medications and/or Self-Monitoring Medications

As parent/legal guardian of _____, I give authorization and permission to the S.C. Governor's School of Science and Mathematics (GSSM) in Hartsville, SC to allow my child to self-monitor and/ or self-administer medication as prescribed by his/her health care provider. Oral prescription medications will be kept in the Health Services office and administered by a nurse.

It is understood the only prescription medications students will be allowed to self-administer and self-monitor are the following: asthma inhalers/nebulizers, topical creams/ointments, eye or ear drops, nasal sprays, and insulin. All other prescription medications are given by the nurse or trained personnel, in the event a nurse is not on duty.

As parent/legal guardian of _____, I acknowledge that GSSM, its employees and agents, pursuant to state law, are not liable for an injury arising from my child's self-administering and self-monitoring or use of self-monitoring devices. I indemnify and hold harmless S.C. Governor's School of Science and Mathematics, its employees and nurses employed by Carolina Pines Regional Medical Center, against any claims arising out of the self-monitoring or self-administration of medication by my child.

Signature parent/legal guardian

Date

Print name

Depending on the condition, an IHP (Individual Health Care Plan) may be necessary, as required by the SC Department of Education. As parent/legal guardian of _____, I do not wish to meet with the school nurse to develop an individual health care plan (IHP). If my child has specific medical concerns, an Emergency Action Plan will be developed by a Health Services registered nurse that will explicitly outline the type of care that will be implemented to assist my child in getting the best care in an emergent situation. I understand that my child will still receive health services according to the medical orders provided by his/her health care provider and the GSSM's school policies.

Signature parent/legal guardian

Date

Print name

Please note: Not all students will require an IHP, but we need to have this form on file, if over the course of the year, a health situation comes up that requires an IHP. Thank you.