Health Services Self-Medicating & Self-Monitoring Authorization Form for Diabetics

School Year 2026-2027

MBSA

Myrtle Beach STEM Academy

Student's Full Name: _____ **Date of Birth:** _____ **Grade:**_____

Medical Diagnosis (choose one): ☐ Type 1 Diabetes ☐ Type 2 Diabetes ☐ Hypoglycemia ☐ Other: _____

List the Medication(s) and Monitoring Device(s): _____

Authorizations from the prescriber, the parent, and the student are required.

In each section below, please READ and INITIAL each statement indicating you agree, then sign and date. (All are required.)

HEALTH CARE PRESCRIBER *(MUST be completed by the prescriber)*	PARENT / LEGAL GUARDIAN *(MUST be completed by the parent/legal guardian)*	STUDENT *(MUST be completed by the student)*
1. This student named above has been instructed regarding the appropriate use of the monitoring device(s) and medication(s) noted above (i.e., indications, dosage, actions, side effects, interpreting results, safety precautions, troubleshooting, when to seek assistance). _____	**1.** My child has been instructed and understands the safe and proper use of the monitoring device(s) and medication(s) noted above (i.e., indications, dosage, actions, side effects, interpreting results, safety precautions, simple troubleshooting, when to seek assistance). _____	**1.** I have been instructed and understand the proper use of the monitoring device and medication(s) noted above as directed by my prescriber (i.e., indications, dosage, actions, side effects, when to take the medication, when to seek assistance). _____
2. This student has demonstrated competency for safely using the monitoring device(s) and/or medication(s) noted above. _____	**2.** My child and I will be responsible for the safekeeping and proper use of the monitoring device and/or medication(s). My child must keep the monitor/medication(s) in the package provided and labeled by the pharmacy or my child's prescriber. The label must have my child's name, the medication name, dose, and directions for proper use. _____	**2.** I understand that I must keep the monitoring device and medication(s) in the package provided and labeled by my pharmacy or prescriber. The label must have my name, the medication name, dose, and directions for proper use. _____
3. I agree that the student should be allowed to possess and self-monitor with the device(s) noted above and self-medicate with the medication(s) listed while in any area of the school or school grounds, at any school-sponsored activity, and during before-school or after-school activities on school-operated property. _____	**3.** I understand that my child may only self-monitor and/or self-medicate with the device and medication(s) noted above. _____	**3.** I will keep the monitoring device(s) and/or medication(s) with supplies noted above in a safe place with me always. _____
4. This student does not require adult supervision to use the monitoring device(s) or to administer the medication(s) noted above. _____	**4.** I understand that my child will lose the privileges to self-monitor and/or self-medicate if he or she endangers themselves or another student by misuse. _____	**4.** I will not allow other students to touch my monitoring device(s) and/or medication(s), or supplies. _____
☐ *See the attached order for Prescriber authorization.*	**5.** I understand MBSA and its employees and agents are not liable for an injury arising from my child's self-monitoring and/or self-administration of medication. _____	**5.** I understand that I am only allowed to use the monitoring device(s) and medication(s) noted above on my own. _____
	6. I shall indemnify and hold MBSA, its employees, and agents harmless against a claim arising from my child's self-monitoring and/or self-administration of medication(s). _____	**6.** I understand that I will no longer be able to self-monitor and/or self-medicate if I endanger myself or another student. _____
	7. I will be responsible for any costs related to any claims that occur related to my child's self-monitoring and/or self-medicating. _____	**7.** I understand that I am responsible for using the monitoring device(s) and/or medication(s) noted above on my own. _____
	8. I authorize my child to possess, self-monitor with the device(s) noted above, and/or self-medicate with the medication(s) listed above while in any area of the school or school grounds, at school-sponsored activity, and during before-school or after-school activities on school-operated property. _____	
	9. My child has shown me that he or she can safely use the monitoring device(s) and/or safely self-administer the medication(s) noted above. _____	
_____ **Prescriber's Signature** **Date**	_____ **Parent/Guardian's Signature** **Date**	_____ **Student's Signature** **Date**

** To be valid for the school year, this form must be signed and dated on or after July 1st.*

**The guardian is responsible for providing the medication(s), device(s), supplies, and snacks.*

** Orders from the Provider, Individual Health Care Plan, and Emergency Action Plan must be completed with this authorization form each school year.*

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