**Student Skills Checklist for Self-Administration of Emergency Medication**

**School Nurse Assessment**

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| Student Name: | Click or tap here to enter text. |
| Building: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |
| Medication: | Click or tap here to enter text. |

# Skills Checklist

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| 1. **AUTHORIZATION FOR MEDICATION** | **YES** | **NO** |
| 1. *Authorization for Administration of Medication at School* on file |  |  |
| 1. Licensed health care provider has instructed student in responsible & correct use (as indicated on oral medication form) |  |  |
| 1. Student demonstration to licensed health care provider or designee of skills necessary to self-administer (as indicated on oral medication form) |  |  |
| 1. Licensed health care provider has indicated need to carry medication |  |  |
| 1. Parent has provided a current asthma health history form |  |  |
| 1. **SELF-ADMINISTRATION OF MEDICATION** | | |
| 1. Student capable of identifying individual medications |  |  |
| 1. Student able to describe health condition for which the medication is use |  |  |
| 1. Student knowledgeable of purpose of individual medications |  |  |
| 1. Student able to identify/associate specific symptoms with need for meds |  |  |
| 1. Student knows medication dosage ordered by LHP |  |  |
| 1. Student knowledgeable about method of medication administration |  |  |
| 1. **Student able to state side effects or adverse reactions to this medication** |  |  |
| 1. **Student knows how to access assistance in emergency** |  |  |
| 1. **Student is able to identify safety issues:**  * Need to consistently bring the medication to school and all school-related activities No sharing of medications * Need for safe storage * Consistent placement of medication * Location of backup medication if provided |  |  |
| 1. **STUDENT DEMONSTRATION OF SELF-ADMINISTRATION** | | |
| 1. Student demonstration of correct self-administration technique |  |  |
| 1. Student is capable of self-administration for the coming school year |  |  |

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| Student Signature: |  |
| School Nurse: |  |