

SHOW ME COLLEGE

MANAGING MY MEDICATIONS

When you go to college, you will need to manage your own medication. Managing your medication means...

1. Knowing **what medicine** you take and **why you take it**
2. Knowing **how much medication** to take and **when to take it**
3. Remembering to **take your medication on time**
4. **Refilling your prescription** before you run out of medication.

To help you with each of these four areas, use the template below called “**Understanding My Medication Activity Template.**” This template will help you gather all information you need to manage your medication independently while living on campus!



Understanding My Medications Activity Template

When attending an inclusive post-secondary education program, students will need to manage their own medication. Students must remember to take their pills on time and refill their prescription. This template can be used by students at home or at school to learn more about their medication and formulate a plan before they leave for college.

MEDICATION #1

NAME OF MEDICATION

DAYS I TAKE THIS MEDICATION (CIRCLE ALL THAT APPLY)

Mon *Tues* *Wed* *Thurs* *Fri* *Sat* *Sun*

WHAT TIME(S) SHOULD I TAKE THIS MEDICATION?

HOW WILL I TRACK WHEN I TAKE THIS MEDICINE?
(CIRCLE ALL THAT APPLY)

Written Schedule *App on my phone* *Alarm/Reminder*

WHY DO I NEED THIS MEDICATION?

HOW OFTEN DO I NEED TO REFILL THIS MEDICATION?

HOW DO I REFILL THIS MEDICATION?

HOW WILL I KEEP TRACK OF MY REFILLS?
(CIRCLE ALL THAT APPLY)

Written Schedule *App on my phone* *Alarm/Reminder*

MEDICATION #2

NAME OF MEDICATION

DAYS I TAKE THIS MEDICATION (CIRCLE ALL THAT APPLY)

Mon *Tues* *Wed* *Thurs* *Fri* *Sat* *Sun*

WHAT TIME(S) SHOULD I TAKE THIS MEDICATION?

HOW WILL I TRACK WHEN I TAKE THIS MEDICINE?
(CIRCLE ALL THAT APPLY)

Written Schedule *App on my phone* *Alarm/Reminder*

WHY DO I NEED THIS MEDICATION?

HOW OFTEN DO I NEED TO REFILL THIS MEDICATION?

HOW DO I REFILL THIS MEDICATION?

HOW WILL I KEEP TRACK OF MY REFILLS?
(CIRCLE ALL THAT APPLY)

Written Schedule *App on my phone* *Alarm/Reminder*

MEDICATION #3

NAME OF MEDICATION

DAYS I TAKE THIS MEDICATION (CIRCLE ALL THAT APPLY)

Mon *Tues* *Wed* *Thurs* *Fri* *Sat* *Sun*

WHAT TIME(S) SHOULD I TAKE THIS MEDICATION?

HOW WILL I TRACK WHEN I TAKE THIS MEDICINE?
(CIRCLE ALL THAT APPLY)

Written Schedule *App on my phone* *Alarm/Reminder*

WHY DO I NEED THIS MEDICATION?

HOW OFTEN DO I NEED TO REFILL THIS MEDICATION?

HOW DO I REFILL THIS MEDICATION?

HOW WILL I KEEP TRACK OF MY REFILLS?
(CIRCLE ALL THAT APPLY)

Written Schedule *App on my phone* *Alarm/Reminder*

MEDICATION #4

NAME OF MEDICATION

DAYS I TAKE THIS MEDICATION (CIRCLE ALL THAT APPLY)

Mon *Tues* *Wed* *Thurs* *Fri* *Sat* *Sun*

WHAT TIME(S) SHOULD I TAKE THIS MEDICATION?

HOW WILL I TRACK WHEN I TAKE THIS MEDICINE?
(CIRCLE ALL THAT APPLY)

Written Schedule *App on my phone* *Alarm/Reminder*

WHY DO I NEED THIS MEDICATION?

HOW OFTEN DO I NEED TO REFILL THIS MEDICATION?

HOW DO I REFILL THIS MEDICATION?

HOW WILL I KEEP TRACK OF MY REFILLS?
(CIRCLE ALL THAT APPLY)

Written Schedule *App on my phone* *Alarm/Reminder*