### **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**

DAYS I TAKE THIS MEDICATION (CIRCLE ALL THAT APPLY)  Mon Tues Wed Thurs Fri Sat S  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	
WHAT TIME(S) SHOULD I TAKE THIS MEDICATION?  HOW WILL I TRACK WHEN I TAKE THIS MEDICINE? (CIRCLE ALL THAT APPLY)	
HOW WILL I TRACK WHEN I TAKE THIS MEDICINE? (CIRCLE ALL THAT APPLY)	Sun
(CIRCLE ALL THAT APPLY)	
(CIRCLE ALL THAT APPLY)	
Writton Schodulo Ann on my phone Alarm/Deminder	
written schedule App on my phone Aldim/Reminder	
WHY DO I NEED THIS MEDICATION?	
HOW OFTEN DO I NEED TO REFILL THIS MEDICATION?	
HOW DO I DEFINE THIS MEDICATIONS	
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	MEDICAT	ION (CIRCL	E ALL TH	IAT APPL	Y)		
Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
WHAT	TIME(S) SH	OULD I TA	KE THIS MI	EDICATIO	ON?			
	VILL I TRAC E ALL THAT		I TAKE THIS	MEDICI	NE?			
Written	Schedule	App on	my phone	Alarn	n/Reminde	er		
WHY D	O I NEED T	HIS MEDI	CATION?					
HOW C	FTEN DO I	NEED TO	REFILL THI	S MEDIC	CATION?			
HOW D	OO I REFILL	THIS MEI	DICATION?					
	VILL I KEEP E ALL THAT		F MY REFIL	LS?				
Written	Schedule	App on	my phone	Alarn	n/Reminde	er		

#### **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**

DAYS I	TAKE THIS	MEDICATI	ON (CIRCL	E ALL TH	IAT APPLY	<b>'</b> )
Mon	Tues	Wed	Thurs	Fri	Sat	Sun
WHAT 1	TIME(S) SHO	OULD I TA	KE THIS MI	EDICATIO	ON?	
	/ILL I TRAC EALL THAT	<del>.</del>	TAKE THIS	MEDICI	NE?	
Written	Schedule	App on	my phone	Alarn	n/Reminde	r
WHY D	O I NEED T	HIS MEDI	CATION?			
HOW O	FTEN DO I	NEED TO	REFILL TH	IS MEDIC	CATION?	
HOW D	O I REFILL	THIS MED	DICATION?			
			F MY REFIL	LS?		
(CIRCLE	ALL THAT	APPLY)				