

**SELF MEDICATION RELEASE FORM**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

This student has been instructed in the proper use of the following medication procedures:

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The Healthcare provider and Parent signatures below indicate a request that this student be permitted to carry the medication on his/her person or to keep same in his/her locker or P.E. locker, as we consider him/her responsible. He/she has been instructed in and understands purpose and appropriate method and frequency of use.

**Note:** This form must be completed in addition to **Provider Attestation form AND** routine district medication form for those students who request permission to carry their own medication on campus or this medication in a P. E. locker.

Healthcare Provider's signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_