

**SELF-MEDICATION RELEASE  
FOR EPI-PEN AND INHALERS**

**DATE** \_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**has been instructed in the proper use of the following medication**

**procedures:** \_\_\_\_\_

\_\_\_\_\_

**We (Physician's Signature)** \_\_\_\_\_

**and (Parent or Guardian's Signature)** \_\_\_\_\_

**request that (Student's Name)** \_\_\_\_\_

**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 the purpose and**

**appropriate method and frequency of use.**

**NOTE: This form must be completed in addition to the routine district medication form (on reverse side) for those students who request permission to carry their own medication on campus or keep this medication in a P.E. locker.**