

HEWLETT- WOODMERE PUBLIC SCHOOLS

SELF- MEDICATION RELEASE FORM

FOR INHALERS/EPIPENS ONLY

Date: _____

Child's Name:

Has been instructed in the proper use of the following
medication procedures:

We (Physician's signature) _____

And (Parent or Guardian's signature) _____

Request that (Child's Name) _____

be permitted to self- administer and carry the medication on
his/her person, as we consider him/her responsible. He/She
has been instructed in and understands the purpose and
appropriate method and frequency of use.