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 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.