

SELF-MEDICATION RELEASE FORM

Date: _____

Child's Name: _____

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

We, (Physician's name/stamp and signature) _____

And (Parent or Guardian's name and signature) _____,

request that (Child's name) _____ be permitted to carry the medication (Epi-Pen, Inhaler, Benadryl) 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 appropriate method and frequency of use.

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

We recommend that a second inhaler be kept in the Health Office in case of inaccessibility to child's inhaler.