

**ORCHARD PARK CENTRAL SCHOOL DISTRICT
SELF-MEDICATION RELEASE FORM
For
Epi-Pen and Metered Dose Inhalers**

Date: ____/____/____

Student's Grade: _____ Date of Birth: _____

Student's Name: _____

has been instructed in the proper use of the following medication procedures by the students' physician: _____

We (Student's Physician's signature) _____

and (Parent/Person in Parental Relation'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 physical education 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 for those students who request permission to carry their own medication on campus or keep this medication in a school or physical education locker.

Americans with Disabilities Act, 42 United States Code (USC) Section 12101 et seq.
Individuals with Disabilities Education Act (IDEA), 20 United States Code (USC) Sections 1400-1485
Section 504 of the Rehabilitation Act of 1973, 29 United States Code (USC) Section 794 et seq.
34 Code of Federal Regulations (CFR) Part 300
Education Law Sections 6527 and 6908
Public Health Law Sections 2500-h and 3000-a

Policy References:

Refer also to Policy #7513 -- Administration of Medication