

**SOUTH COUNTRY CENTRAL SCHOOL DISTRICT
SELF-MEDICATION RELEASE FORM**

7513F.1

Date: _____

Student's Name: _____

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

We (Physician's signature) _____ and

(Parent or 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. He/she understands the importance of immediately notifying the teacher or school registered professional nurse of the use of an anaphylactic medication.

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.