SELF-MEDICATION RELEASE FORM

Date: _____

Student Name: _____

has been instructed in the proper use of the following medication/procedure:

_____

_____

We (physician's signature): _____

And (parent's signature): _____

Request that (student's name): _____

Be permitted to carry the medication on his person or keep it in his locker as we consider him responsible. He has been instructed in and understands the purpose and appropriate method and frequency of use.

***NOTE**: Submit this completed form with the **Medication Permissions Request Form**.*