

SELF-MEDICATION RELEASE FORM

DATE: _____

CHILD'S NAME: _____

HAS BEEN INSTRUCTED IN THE PROPER USE OF THE FOLLOWING MEDICATION
PROCEDURES: _____

WE (PHYSICIAN'S SIGNATURE) _____

AND (PARENT OR GUARDIAN 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.

***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 P.E. LOCKER.***