

## SELF MEDICATION RELEASE FORM

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

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We, (physician's signature) \_\_\_\_\_

And (parent or guardian's 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 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.