

Self-Medication Release Form

Date: _____

Student Name: _____

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

We, (Physician Signature) _____

and (Parent or Guardian Signature) _____,

request that (Child 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: Please return this form to the school health office.