

## SELF-MEDICATION RELEASE FORM

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

and (parent/guardian's signature) \_\_\_\_\_

request that (child's name) \_\_\_\_\_

be permitted to carry the medication on his/her person or to keep the medication in his/her locker or gym locker, as we consider him/her responsible. He/she has been instructed and understands the purpose and appropriate use, method and frequency of use.

NOTE: This form **MUST** be completed in **ADDITION** to the district medication authorization form (which is on the other side of this form) for those students who request permission to carry their own medication on campus or keep this medication in their locker.