



**SELF-MEDICATION RELEASE FORM**

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

**Child's Name:** \_\_\_\_\_ has

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

\_\_\_\_\_

We \_\_\_\_\_ request that  
**(Physician's Signature)**

\_\_\_\_\_ be permitted to carry the medication on his/her  
**(Child's Name)**

person or to keep same in her/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.

\_\_\_\_\_  
**(Parent/Guardian Signature)**

**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 the medication in a P.E. locker.