

**SELF-MEDICATION RELEASE FORM**

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

Student's Name: \_\_\_\_\_ has been instructed in the proper

use of the following medication procedures: \_\_\_\_\_

\_\_\_\_\_

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

And (Parent or Guardian's \_\_\_\_\_

Request that (Student's Name) \_\_\_\_\_ be permitted to carry the medication on his/her person or to keep same in his/her locker of 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.