

Office Use:

## SELF MEDICATION RELEASE FORM

This form must be completed, in addition to Usdan's Health Record, for those students who request permission to carry their own medication on campus.

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

(CHILD'S NAME) \_\_\_\_\_ has been instructed in the proper use of the following medication procedures:

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(PHYSICIAN'S SIGNATURE) \_\_\_\_\_ and

(PARENT/GUARDIAN SIGNATURE)

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I request that (CHILD'S NAME) \_\_\_\_\_ be permitted to carry this medication on his/her person as we consider him/her responsible for administering this medication(s). He/she has been instructed in and understands the purpose and appropriate method and frequency or use.

Note Request for 2<sup>nd</sup> Inhaler:

If this authorization is for an inhaler, please provide the Health Office with a spare inhaler in case of loss of the original in student's possession.

