Self Medication Release Form

Date: _______________________

(Student’s Name) _______________________________________________________________ has

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

_______________________________________________________________________________________________

_______________________________________________________________________________________________

(Physician’s Signature) ______________________________________________________________________ and

(Parent’s/Guardian’s Signature) __________________________________________________ request that

(Student’s Name) ______________________________________________ be permitted to carry the medication

on his/her person or to keep same in his/her locker or PE locker, as we consider him/her responsible.

He/she has been instructed in and understands the purpose and appropriate method and frequency or use.

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 wish to keep this
medication in a PE locker.