

GUILDERLAND CENTRAL SCHOOL DISTRICT

**SELF MEDICATION RELEASE FORM FOR INHALER AND EPIPEN
USE**

Date: _____

Child's Name: _____

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

We, (physician's signature) _____

and (parent or guardian's signature) _____

request that (child's name) _____ be permitted to carry the medication on his/her person or to keep same in his/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.

NOTE: This form must be completed in addition to routine district medication form for those students who request permission to carry their own Inhaler or EpiPen on campus or keep this medication in a P.E. locker.