



**Self-Medication Release
For Use of EPI-Pen and Inhalers
For Grades 8-12 only**

Date: _____

Student Name: _____

Date of Birth: _____

Grade: _____

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

(Physician's Signature) _____

(Parent/Guardian's Signature) _____

We request that the above-named student be permitted to carry the medication on his/her person or to keep same in his/her 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 the routine Parent and Provider Medication form for those students who request permission to carry their own medication on campus or keep this medication in a locker. Please note: the medication must be in its original container with the prescription label and the student's name on it. Please make sure the Nurse's office has a backup EPI-PEN or inhaler.

Please return this form to the Campus Operations Coordinator- Kathy Hoehmann.