

EMERGENCY SELF MEDICATION RELEASE FORM

Office Use:

This form must be completed, in addition to Usdan's Health Record, for those students who request permission to carry their own emergency medication (epi-pen, inhaler etc) on campus.

DATE: _____

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

(PHYSICIAN'S SIGNATURE) _____

(PARENT/GUARDIAN SIGNATURE) _____

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) in an emergency. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

Note Request for 2nd 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.

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