



EMERGENCY SELF MEDICATION RELEASE FORM

Office Use:

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

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 their person as we consider them responsible for administering this medication(s) in an emergency. They have 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.

