

**Return to
Health Office**

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
HEALTH AND ALLIED SERVICES

SELF-MEDICATION RELEASE FORM

DATE: _____

CHILD'S NAME: _____

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

We (physician's signature): _____

and (Parent or Guardian's signature): _____

Request that (child's name): _____

be permitted to administer his/her medication 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 "Medication Permission Request
Form" for students who request permission to carry their own medication in school