

YKLI 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's signature): _____

Request that (child's name): _____

Be permitted to carry the medication on his person or keep it in his locker as we consider him responsible. He 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 ADMINISTRATION FORM. THIS FORM IS FOR THOSE STUDENTS WHO ARE AGE TEN OR OLDER WHO'S PHYSICIAN AND PARENTS WANT THEM TO CARRY THEIR OWN MEDICATION ON THEM IN SCHOOL OR KEEP IN THEIR LOCKER.**