

## YKLI SELF-MEDICATION RELEASE FORM

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

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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.**