Medication Release Form for Self-Directed Students

Date_______________________
_________________________________________(child’s name) has been instructed in the proper use of 
the following medication:__________________________________________________
______________________________________________________________________.

We (Licensed Provider’s signature) X_______________________________________

and (Parent/Guardian’s signature) X________________________________________

request that this student be permitted to carry the medication on his/her person as we 
consider him/her responsible. He/she has been instructed in and understands the purpose,
appropriate method, and frequency of use.

Please note: This form must be completed in addition to the routine 
district medication form for those 
students who request permission to carry 
their own medication.