

**MAMARONECK UNION FREE SCHOOL DISTRICT
HEALTH SERVICES**

SELF-MEDICATION RELEASE FORM

NAME OF STUDENT: _____ DATE: _____

Grade: _____ Teacher/Counselor: _____

School: Central Chats Mam'k Ave Murray Hmx H.S. Other _____

**WITH THE EXCEPTION OF INHALER MEDICATIONS & INSULIN, MEDICATIONS MAY BE
SELF-CARRIED/SELF-ADMINISTERED IN GRADES 7 THROUGH 12th ONLY,
AND only after evaluation by the School Nurse**

The above student has been instructed in the proper use of the following medication procedures:

- self-administration of Benadryl, including proper dosage, time to take, etc.
- self-administration of an Epipen, including proper dosage, time to take, etc.
- self-administration of his/her inhaler medication, including proper dosage, time to take, etc.
- self-administration of the medication listed below, including proper dosage, time to take, etc.:

Name of medication:

PLEASE NOTE: STUDENTS NEEDING TO USE LANCETS MUST DISPOSE OF USED LANCETS IN A SHARPS RECEPTACLE (I.E. AN EMPTY TEST STRIP CANISTER IS A GOOD EXAMPLE). SHARPS CONTAINERS ARE AVAILABLE IN EACH HEALTH OFFICE. PLEASE INSTRUCT YOUR CHILD TO NOT DISPOSE LANCETS IN TRASH CANS.

☞ We, (Physician's signature) _____, and

☞ (Parent or guardian's signature) _____, request

that the above student be permitted to carry the medication on his/her person, as we deem this child to be able to self-carry his/her medication and consider him/her responsible enough to do so. He/she has been instructed in and understands the purpose and appropriate method and frequency of use and has been deemed able to self-administer as indicated above.

Note: This form must be completed **in addition to** routine district medication forms for those students who request permission to carry/administer their own medication