

**HAWTHORNE CEDAR KNOLLS UFSD
STUDENT SELF MEDICATION RELEASE FORM**

Date: _____

Child's Name: _____

has been instructed in the proper use of the following medication/ procedures:

We, (physician's signature) _____

and (parent or guardian's signature) _____

request that (child's name) _____ be permitted to carry the medication on his/her person or to keep same in his/her locker or P.E. locker, 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 routine district medication form for those students who request permission to carry their own medication on campus.