

EDGEMONT JUNIOR-SENIOR HIGH SCHOOL
200 WHITE OAK LANE
SCARSDALE, NEW YORK 10583

HEALTH OFFICE
725-1500 ext. 1576



2016-2017

SELF-MEDICATION RELEASE FORM

For students requiring emergency medications such as inhalers (Albuterol, Proventil, etc.) or auto-injectors (EpiPen, etc.) and would rather self-carry than leave their medication in the Health Office:

We request that (*child's name*) _____ be permitted to carry the **inhaler (type)** _____ or **auto-injector (type)** _____ 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 medication's purpose, frequency, and appropriate method of use.

Physician's signature _____ date _____

Parent/guardian's signature _____ date _____

NOTE: This form must be completed *in addition* to the routine Medication Authorization Form for those students who request permission to carry their own medication on campus or keep this medication in a P.E. locker.