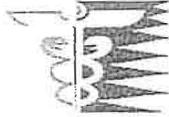


EDGEMONT JUNIOR-SENIOR HIGH SCHOOL
200 WHITE OAK LANE
SCARSDALE, NEW YORK 10583

HEALTH OFFICE

(914)725-1500 ext. 1576
Fax (914)725-4032



SELF-MEDICATION RELEASE FORM

We encourage students to carry and learn to appropriately use their own emergency medications such as inhalers (Albuterol, Proventil, etc.) or auto-injectors (EpiPen, etc.). If they will do so, please complete this form.

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.