

EDGEMONT JUNIOR-SENIOR HIGH SCHOOL
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HEALTH OFFICE

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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.