

Other recommendations: _____

NAME OF LICENSED PRESCRIBER AND TITLE (Please Print): _____

Prescriber's Signature: _____ Date: _____

Physician's Stamp:

SELF-MEDICATION RELEASE

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

We _____ and _____

Physician's Signature

Parent/Guardian Signature

request that _____ be permitted to carry the medication with him/her,

Child's Name

has been instructed in and understands the purpose and appropriate method and frequency of use.