

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.