

**Mohonasen Central School District  
Carry and Self-Administer Medication Release Form For  
Asthmatic and Allergic Conditions**

**For School Year** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ is self-directed and has  
been instructed in the proper use for the following medication procedures:

Name and Dosage of Asthmatic Inhaler: \_\_\_\_\_

Allergic Medication and Dosage (Epi-Pen): \_\_\_\_\_

We, **(Physician's signature)** \_\_\_\_\_ and

**(Parent/Guardian signature)** \_\_\_\_\_,

request **(Student's name)** \_\_\_\_\_ be permitted to

carry on his/her self and self-administer the above medication as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

School nursing assessment completed for **(Student)** \_\_\_\_\_

by **School Nurse** \_\_\_\_\_ **RN**, with approval that

he/she is self-directed to carry and self-administer his/her medication properly.

