

**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.

