

**WESTAMPTON SCHOOL DISTRICT
WESTAMPTON, NJ, 08060
MEDICAL RELEASE FORM**

THIS FORM IS FOR INHALERS, BENADRYL & EPI PENS (FOR SEVERE ALLERGIC REACTIONS).

Dear Doctor:
Please complete the following form for your patient:

Student's Name: _____

Condition: _____

my Patient, _____ (Student's Name)

has received instruction in, and is fully capable of performing, the following method of self-medication:

Name of Drug and Dose _____

Method _____

(Physician Signature)

Date _____

DEA# _____

Print or Type:

Name _____

Address _____

Telephone # _____

Dear Parent/Guardian:

Please complete the following form for your child: _____

(Child's Name)

I hereby provide consent for the self-administration of the following medication by my child.

Name of Drug and Dose _____

I acknowledge that the district shall incur no liability as a result of any injury arising from the self-administration of medication by my son/daughter, and I shall indemnify and hold harmless the district and its employees or agents against any claim arising out of self-administration of medication by my son/daughter.

Parent/Guardian Signature _____

Date _____