



MONTICELLO CENTRAL SCHOOL DISTRICT

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Building Excellence Through Trust

SELF-ADMINISTRATION MEDICATION RELEASE FORM (Inhalers, Epipens, Glucose Monitoring and Insulin Coverage)

Date: _____

Student's Name: _____ has been instructed in the
proper use of the following medication or treatments _____
_____.

We (Physician's Signature) _____ and

(Parent/Guardian's Signature) _____ request

that (Student's Name) _____

be permitted to carry the medication on his/her person or to keep same in his/her locker,
P.E. locker, as we consider him or her responsible. He/she has been instructed in and
understands the purpose and appropriate method and frequency of use.

NOTE: This form must be completed in addition to the routine district medication form for those students who request permission to carry their own inhaler or Epipen on campus or keep this medication in a P.E. locker (exceptions may be made for class trips – see School Nurse Teacher).

If any questions or concerns please call the School Nurse/Teacher at the appropriate school listed below.

Mrs. Ketcham	Cooke School	794-8830 x5
Mrs. Meerdink	Rutherford School	794-4240 x5
Mrs. Poli	Chase School	888-0173 x5
Ms. D'Andrea	Middle School	796-3058 x5
Mrs. Rettoun	High School	794-8840 x5