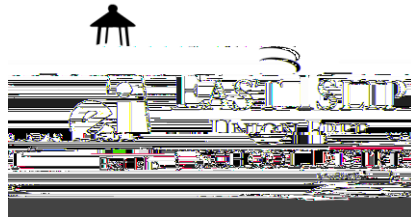


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Health Plan / Emergency Care
SECONDARY STUDENTS
SELF-MEDICATION RELEASE FORM

Physician's Order,

Parent/Guardian Signature: _____

*Must be attached to Health/Emergency Care Plan