



**The Abraham Joshua Heschel School**  
**Miriam & Isaac Blech Early Childhood Center**  
**Henry Lindenbaum Lower School**  
 270 West 89<sup>th</sup> Street, New York, NY 10024  
**The Joseph Slifka Middle School**  
 314 West 91<sup>st</sup> Street, New York, NY 10024  
**The Abraham Joshua Heschel High School**  
**The Joseph and Sylvia Slifka Building**  
 20 West End Avenue, New York, NY, 10023

**MUST BE SIGNED BY  
 PHYSICIAN  
 ONE FORM PER  
 CHILD**

**HIGH SCHOOL SELF-MEDICATION RELEASE FORM  
 EPI-PEN/INHALER ONLY  
 2010-2011**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

has been instructed in the proper use of the Epi-Pen/inhaler:

\_\_\_\_\_

We, (Physician's name) \_\_\_\_\_

and (Parent) request that (Name of Student) \_\_\_\_\_ be permitted to carry the Epi-Pen/inhaler on his/her person or to keep same in his/her locker as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use. **He/she will not share the Epi-Pen or Inhaler with any other student under any circumstances.**

\_\_\_\_\_  
 Physician

\_\_\_\_\_  
 Parent or Guardian

I \_\_\_\_\_ have read and agree to the above protocol. I understand that I may not share these medication(s) prescribed for me with any other student under any circumstances.

\_\_\_\_\_  
 Student's Signature

NOTE: This form must be completed for those students who request permission to carry their own Epi-Pen/inhaler medication on campus or keep this medication in a locker. Use the **Parent & Prescribers' Authorization for Administration of Medication** form to allow the school to dispense specific OTC meds.