SELF-MEDICATION RELEASE FORM

Date: ________________

Student’s Name: ___________________________________________ has been instructed in the proper
use of the following medication procedures: _______________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

We, (Physician’s signature) _____________________________________________________________

And (Parent or Guardian’s _________________________________________________________

Request that (Student’s Name) ___________________________________________ be permitted to carry the
medication on his/her person as we consider him/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 for those students who request permission to carry their own
medication during school hours. If you have any questions, please contact the School Nurse
Office at (718) 423-8810 ext. 234/334.