

SCHOOL HEALTH SERVICES
WAPPINGERS CENTRAL SCHOOL DISTRICT

_____ SCHOOL

SELF-MEDICATION RELEASE FORM

DATE: _____

STUDENT NAME: _____

has been instructed in the proper use of the following medication:

_____ and is permitted to carry the medication on his/her person as he/she has been considered responsible. The student has been instructed in and understands the purpose and appropriate method and frequency of use of the above medication.

M.D. Signature

Parent/Guardian Signature

Note: This form **MUST** be completed *in addition* to the Doctor's medication order and the 'Parent Permission for In-School Medication' form.