

**SCHOOL HEALTH SERVICES**  
**WAPPINGERS CENTRAL SCHOOL DISTRICT**  
**ROY C. KETCHAM HIGH SCHOOL**

---

**SELF-MEDICATED ATHLETIC RELEASE FORM**

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

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID # \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

I have provided the completed doctor's medication order form to the health office. My child is permitted to carry the medication(s) noted above on their person as they are considered responsible. They have been instructed and understand the appropriate method and frequency of use.

I agree that my child can self-administer and will carry the medication as prescribed.

I agree to provide my child with the following for all actives, practices and games:

- An Inhaler
- An Epinephrine Auto Inject / Auvi-Q
- Benadryl
- Diabetic Management Medication and Supplies
- Protective Polycarbonate Goggles

This medication is to be administered as ordered during the current school year \_\_\_\_\_/\_\_\_\_\_. Any changes to the medication order from the physician will be given, in writing, to the school nurse.

I hereby give permission to the school nurse or designated school personnel for appropriate communication with the ordering prescriber related to the above medication.

I have furnished the medication in a properly labeled original container from the pharmacy. I have provided the medication in the dosage ordered.

I hereby release the school nurse or designated school personnel and the Board of Education of any liability relative to the administration and/or reaction of the medication on the above named student.

Parent/Guardian Signature \_\_\_\_\_

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