

YORKTOWN CENTRAL SCHOOL DISTRICT

Yorktown Heights, NY 10598

SELF – MEDICATION RELEASE FORM

Date _____

Student's Name _____

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

We (Physician's signature) _____

(Parent or Guardian's signature) _____

request that **(Student's name)** _____

be permitted to carry the medication on his/her person or to keep same in his/her locker or P.E. locker, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

The school nurse will also assess the student's ability to carry and self-administer his/her medication properly.

Please note: This form must be completed in addition to the routine district medication form for those students who request permission to carry their own medication on campus or keep this medication in a P.E. locker.