

Plainedge Public Schools

Self-Medication Release Form

Date: _____

Child's Name: _____ School: _____

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

I (Physician's Signature) _____

(Print Name)

And We (Parent/Guardian's signature) _____

(Print Name)

Request that (Child's Name) _____ be permitted to carry the medication on his/her person or to keep same in his/her locker or Physical Education locker, as we consider him/her responsible. He/She has been instructed in and understands the purpose and appropriate method and frequency of use of this medication.

During field trips or other special activities, a teacher or other school staff will carry the medication in a labeled envelope prepared by the school nurse.