

**\* THIS FORM IS FOR STUDENTS WHO WISH TO KEEP MEDICATION IN THEIR LOCKER OR CARRY MEDICATION WITH THEM IN SCHOOL**

**ROSLYN PUBLIC SCHOOLS  
ROSLYN, NEW YORK 11576**

**SELF-MEDICATION RELEASE FORM**

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

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Phone No: \_\_\_\_\_

Has been instructed in proper use of the following medication procedures: (list medications)

\_\_\_\_\_

We (Physician's signature)\*\* \_\_\_\_\_

And (Parent or Guardian's signature)\*\* \_\_\_\_\_

**Physician**

**Parent**

Print name: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No: \_\_\_\_\_

Phone No: \_\_\_\_\_

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

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

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 or use. The child and parent may also opt to maintain the medication in the nurse's office.

Check one:

Student will carry medication in a properly labeled container and self-administer.  
**NOTE:** It is the parent's responsibility to monitor on an ongoing/daily basis that student is carrying and taking medication as directed.

Student will keep medication supply in the Health Office to be administered by nurse and self-administer only as needed on field trips and after school activities. (In this case the "Permission for Administration of Medication in School" form must be completed.