

*West Irondequoit Central School District*

**SELF-MEDICATION RELEASE FORM**

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

**Child's Name:** \_\_\_\_\_

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

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

**and (Parent or Guardian's signature)** \_\_\_\_\_,

**request that (Child'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.**

NOTE: This form must be completed *in addition* to 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.

**This is a two-page document. Both pages must be completed.**

*West Irondequoit Central School District*

**Parent/Guardian and Health Care Provider's  
Request for Student Self-Medication**

This form should be completed and signed by both Parent/Guardian and the Child's health care provider.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

The above-named child has been instructed in the proper use of the following medication and procedures:

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

Medication Procedures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian and Health Care Provider request that the child be permitted to carry on his/her person and to self-administer (check below):

\_\_\_\_\_ a one-day supply of medication

\_\_\_\_\_ a prescribed inhaler

He/she understands the purpose of the medication, the appropriate method of administration and the prescribed frequency of use. He/she will assume responsibility for complying with all proper procedures. These procedures must be followed or the privilege will be rescinded.

Parent/Guardian

Health Care Provider

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

**This is a two-page document. Both pages must be completed.**