

Sachem Central School District

APPENDIX D

SELF-MEDICATION RELEASE FORM

Date: _____

Child's Name: _____

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

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.