

GREAT NECK PUBLIC SCHOOLS

Health Services

Self Medication Release Form

Date: _____

Student's Name: _____ Grade _____

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

We,

Physician's signature _____ Physician's office stamp _____

Parent/Guardian's name _____

Parent/Guardian's signature _____

Request that above student 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.

Attach Rx:

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.