**SCHOOL HEALTH SERVICES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5420-E.2**

**WAPPINGERS CENTRAL SCHOOL DISTRICT**

FISHKILL PLAINS ELEMENTARY SCHOOL

**SELF-MEDICATION RELEASE FORM**

DATE:\_\_\_\_\_\_\_\_\_\_

STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been instructed in the proper use of the following medication:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is permitted to carry the medication on his/her person as he/she has been considered responsible. The student has been instructed in and understands the purpose and appropriate method and frequency of use of the above medication.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

M.D. Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

**Note:** This form **MUST** be completed ***in addition*** to the Doctor’s medication order and

the ‘Parent Permission for In-School Medication’ form.