

NORTH SHORE SCHOOL DISTRICT

SELF-MEDICATION RELEASE FORM

Date: _____ Student's

Name: _____ Date of Birth: _____

Grade: _____ Phone No: _____

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

We (Physican's signature) _____

And (Parent or Guardian's signature) _____

Physican Parent

Print Name _____ Print Name _____

Address _____ Address _____

Phone No _____ Phone No _____

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 a daily/ongoing 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.)