

NISKAYUNA CENTRAL SCHOOLS

SELF-MEDICATION RELEASE FORM

Date: _____

Child's Name: _____

has been instructed in the proper use of the following inhaler/medication (s) :

We (Physician's signature) _____

and (Parent or Guardian signature) _____

request that (Child's name) _____ be permitted

to carry the inhaler/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 dose, method and frequency of use.

Note: This form must be completed in addition to the routine district medication form.

Niskayuna Central Schools

Med 28

TO: Physician
FROM: Niskayuna Schools
SUBJECT: Medication in School

The following information is required in order for school nurses to administer medication in the schools to students during the day.

Student's Name _____
Diagnosis _____
Medication _____
Dosage _____
Time To Be Given _____
Initiation Date for Medication _____
Ending Date for Medication _____

Physician's Signature

Date

To the Parent:

An adult should deliver the medication to the school nurse. *Medication should be in a properly labeled container with name of child, name of medicine and proper dosage.

I give permission for the above medication to be given to my child, _____
_____, as per Doctor's order.

Parent's Signature

Date