

GREAT NECK PUBLIC SCHOOLS
Health Services
Self Medication Release Form

Date: _____

Child's Name: _____ Grade _____

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

We, (Physician's signature) _____

and (Parent/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.