

**SOUTH HUNTINGTON UNION FREE SCHOOL DISTRICT  
STUDENT SERVICES**

**SELF-MEDICATION RELEASE FORM**

**Date:** \_\_\_\_\_

(Child's Name): \_\_\_\_\_ has been instructed in the proper use  
of the following medication procedures: \_\_\_\_\_  
\_\_\_\_\_

(Physician's Signature) \_\_\_\_\_ and

(Parent/Guardian 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 PE locker, as we  
consider him/her responsible. He/she has been instructed in and understands the  
purpose and appropriate method and frequency or 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 PE locker.