

**Health Office  
Garden City Public Schools  
Garden City, NY 11530  
SELF- MEDICATION RELEASE FORM**

**This form must be completed *in addition* to the 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.**

<b>Student's Name:</b>	<b>DOB:</b>	<b>Date:</b>
<b>Name of Medication, Dosage and Route:</b>		
<b>Frequency/Time to be Taken During School:</b>		

**We verify that the student listed above has been instructed in the proper procedures to self carry and self administer the above medication. We request that this student be permitted to carry medication on his/her person or to keep the same in his/her locker or P.E. locker, and we consider him/her responsible. He/she has been instructed in and understands the appropriate purpose and method of administration, correct dosage, time and frequency of use.**

<b>Licensed Prescriber's Signature &amp; Title:</b>
<b>Parent/Guardian Signature:</b>