

**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.