



Health Plan / Emergency Care
SECONDARY STUDENTS
SELF-MEDICATION RELEASE FORM

_____ (Date)

_____ has been instructed in the proper use of the
(Student Name)
following medication and/or procedure: _____

We request that _____ be permitted to carry medication or perform procedure on his/her person as we consider him/her responsible. He/She has been instructed in and understands the purpose and appropriate method and frequency or use. The student assumes responsibility for self-care and is considered self-directed. *

Note: This form must be completed *in addition* to routine district medication form for those students who request permission to carry their own medication.

*Self-directed: As per **Physician's Order**, can identify the correct medication, knows the purpose of the medication, knows the correct dosage being administered, knows the time to take medication, can describe what will happen if medication is not taken, knows to refuse medication if student has any concerns about appropriateness.

(Physician Signature)

(Parent/Guardian Signature)

(Student Signature)

(Principal Signature)

(Nurse Signature)

I give permission to allow communication between physician and East Islip School District staff – this plan can be shared with provider & school staff as applicable.

Parent/Guardian Signature: _____

This plan is in effect for the current school year and summer school as needed.

***Must be attached to Health/Emergency Care Plan**