



**Salmon River Central School District**

637 Co. Rt. 1, Fort Covington, New York 12937 • Tel: (518) 358-6600 • Fax (518) 358-6590

**SELF-MEDICATION RELEASE FORM**

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

Child's Name: \_\_\_\_\_

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

\_\_\_\_\_

We, (Physician's signature) \_\_\_\_\_

and (Parent or 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.