

MOUNT SINAI UNION FREE SCHOOL DISTRICT  
114 NORTH COUNTRY ROAD  
MOUNT SINAI, NEW YORK 11766

**SELF-MEDICATION RELEASE**

**FORM A**

Grade Level: \_\_\_\_\_

Student's Name (Please print.): \_\_\_\_\_ has  
been instructed in the proper use of the following medication procedures:

Name of medication: \_\_\_\_\_

Procedures: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We request that the above named student be permitted to carry the medication on his/her person. We consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

\_\_\_\_\_  
*Signature of Physician*

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

\_\_\_\_\_  
*Signature of Parent/Guardian*

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

**NOTE:**

This form must be completed in addition to the ***Parent/Physician Authorization for Administration of Medication for In-School Use and on School Trips*** for those students who request permission to carry and administer their own medication (prescription and over-the-counter) on school trips.