



COOPERSTOWN CENTRAL SCHOOL

39 Linden Avenue
Cooperstown, New York 13326-1496
(607) 547-2808

REBECCA MEEHAN, RN
School Nurse

SELF-MEDICATION RELEASE FORM

Date: _____

Student's Name: _____ has been instructed in the proper

use of the following medication procedures: _____

We, (Physician's signature)

And (Parent or Guardian's

Request that (Student'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.