

WEBUTUCK CENTRAL SCHOOL DISTRICT

PO Box 405, Amenia, NY 12501

Millerton Elementary Webutuck Elementary Brooks Intermediate Webutuck Jr.Sr. High

(518) 789-8040

(845) 373-4122

(845) 373-4114

(845) 373-4106

Fax (518) 789-8041

Fax (845) 373-4113

Fax (845) 373-4113

Fax (845) 373-4113

SELF MEDICATION/SELF CARRY RELEASE FORM

Date: _____

Student's Name: _____

Date of Birth: _____

The above named student has been instructed in the proper use of the following medication procedures:

The Healthcare Provider and Parent signatures below indicate a request that this student 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.

Physician/Healthcare Provider Printed Name

Physician/Healthcare Provider Signature

Parent/Guardian Signature

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

