



**NOTRE DAME-BISHOP GIBBONS SCHOOL**

2600 Albany Street • Schenectady, NY 12304-1899 • (518) 393-3131 • Fax (518) 370-3817

**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 the 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.