



**HAMILTON CENTRAL SCHOOL**  
Self-Medication Release Form

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

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 **Student Medication Authorization Form** for those students who request permission to carry their own medication on campus or keep this medication in a P.E. locker.