

**Peru Central School District  
Self-Medication Release Form**

**Dear Parent or Guardian:**

In accordance with the New York State Law, the listed guidelines below are to be followed by School Nurses and School Nurse Teacher in connection with the administration of medications to students at school.

1. There must be a written order from the prescribing physician which states the name of the child, medication to be given, the purpose of the medication, time and dosage to be administered as well as the physician's signature.
2. There must be a written request from the parent or guardian to administer the medication while the student is at school.
3. The parent or guardian is responsible for notifying the school if any changes are to be made in the administration of medication to their child.
4. The medication must be carried in an original container with the current prescription included.

Date \_\_\_\_\_

Student Name \_\_\_\_\_, Grade \_\_\_\_\_

has been instructed in the proper use of \_\_\_\_\_ for

(List name of medication)

the condition of \_\_\_\_\_. The prescription reads as follows:

-----

We, (Physician's Signature) \_\_\_\_\_ and

(Parent or Guardian Signature)\*\* \_\_\_\_\_ request

that (Child's Name) \_\_\_\_\_ be permitted

to carry and use the medicine at school. Both, parent or guardian and the physician attest the student can independently manage their medication without assistance by school personnel, EXCEPT in the case of an EMERGENCY.

**\*\*My signature authorizes Peru Central School Health Services to share medical information relating to my child. Per the HIPPA Law, only the "minimum necessary" faculty/staff will be provided information and instructed to keep it CONFIDENTIAL!**

Any questions, please call the Jr/Sr. High Nurse's Office at 643-6306.