

QUOGUE UNION FREE SCHOOL DISTRICT

PO Box 957 – 10 Edgewood Road

Quogue, NY 11959

Telephone (631) 653-4285; Nurse extension is # 1

Office Fax: (631) 996-4600 / Nurse Fax: (631) 653-4864

SELF MEDICATION RELEASE FORM

Date: _____

(Child's Name): _____ has been instructed in the proper use of the following medication procedures: _____

(Health Care Provider's Signature) _____ and

(Parent/Guardian Signature) _____ request that

(Child's Name) _____ be permitted to carry the

medication on his/her person or to keep same in his/her locker as we consider him/her

responsible. He/she has been instructed in and understands the purpose and appropriate method

and frequency or use. Student may self-carry and self-administer above medication.

Note: This form must be completed ***in addition*** to the routine District Medication Administration form and Provider Attestation form for those students who request permission to carry their own medication on campus or keep this medication in a locker.

Sincerely,

Health Care Provider's Stamp:

Meredith Roessle MSN, RN, NP-C, CDE

District School Nurse