



Rhinebeck Central School District

P.O. Box 351
Rhinebeck, New York 12572
Telephone: (845) 871-5500

Self Medication Release Form

Date: _____

(Student's Name) _____ has

been instructed in the proper use of the following medication procedures:

(Physician's Signature) _____ and

(Parent's/Guardian's Signature) _____ request that

(Student's Name) _____ be permitted to carry the medication

on his/her person or to keep same in his/her locker or PE locker, as we consider him/her responsible.

He/she has been instructed in and understands the purpose and appropriate method and frequency or 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 wish to keep this medication in a PE locker.