



District Office

Phone: 716-375-6600

Fax: 716-375-6629

Middle-High School

Ext. 2110/2100

Fax: 716-375-6630

Elementary School

Ext. 4172

Fax: 716-375-6628

Special Education

Ext. 4164

Fax: 716-375-6601

Bus Garage

Ext. 6612

Fax: 716-375-6627

**CARRY ON SELF FORM
Appendix D
SELF MEDICATION RELEASE FORM**

Date: _____

Child's Name: _____ DOB: _____

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 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.

Nurse Reviewed ___ Approved ___ Denied ___ Reason : _____

Signature _____