



Holland Patent Central School District

9601 Main St. PO Box 306 • Holland Patent, NY 13354 • www.hpschools.org

General William Floyd Elementary: 315.865.5721 **Holland Patent Elementary:** 315.865.8151

Holland Patent Middle School: 315.865.8152

Holland Patent Central High School: 315.865.8154

Date: ____/____/____
MM DD YYYY

Self-Medication Release Form-Optional

Student Information:

Last Name:	First Name:	Grade:	Date of Birth: ____/____/____ MM DD YYYY
------------	-------------	--------	--

SELF-MEDICATION RELEASE FORM

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

Procedures: _____
_____.

We _____/
(Physician's Name) (Physician's Signature)
and _____/
(Parent's/Guardian's Name) (Parent's/Guardian's Signature) request
that _____ be permitted to carry the medication on his/her person or to keep
(Student's Name)
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 or 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.