



LIBERTY CENTRAL SCHOOL DISTRICT

2024 - 2025 MEDICATION RELEASE FORM

Parent/Guardian Authorization of Student Self Carry Medication

Date: _____

Child's Name: _____ 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 the routine medication form for those students who
request permission to carry their own medication on campus or keep this medication in a P.E. locker.

Parent/Guardian Authorization of Another Adult for Administration of Medication

To be completed by parent/guardian: I authorize _____, a LCSD
chaperone to administer the following medication(s): to my child

_____, (student name) at the following school
sponsored event : _____. (name and
date of event) I acknowledge that Liberty Central School District will not be liable for any problems that may arise as a
result of the administration of such medication by the designee.

Parent/guardian signature: _____ Date _____

Print Name _____