



LIBERTY CENTRAL SCHOOL DISTRICT



2023-2024
SELF-MEDICATION RELEASE FORM

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.