

**HICKSVILLE PUBLIC SCHOOLS**

**SELF-MEDICATION RELEASE FORM FOR FIELD TRIPS**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

has been instructed in the proper use of the following medication procedure:

\_\_\_\_\_  
\_\_\_\_\_

We (Physician's signature): \_\_\_\_\_

And (Parent/Guardian's signature): \_\_\_\_\_

Request that (student's name) \_\_\_\_\_ be permitted to carry the medication on his/her person for the current school year 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 district medication form and returned to the school nurse.