

HAUPPAUGE PUBLIC SCHOOLS
MEDICATION AUTHORIZATION

SELF-MEDICATION AND CARRY RELEASE FORM

Date: _____

Students Name: _____

The above student has been instructed in the proper use of the following
medication procedures: _____

We (Physician's signature) _____

And (Parent or Guardian's signature) _____

request that (student'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 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.