

**HICKSVILLE PUBLIC SCHOOLS**

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

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

The above student has been instructed on the following medication procedure:

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

Signature of Physician \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

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.

Rev 5/20