METROPOLITAN SCHOOL DISTRICT of NEW DURHAM TOWNSHIP

207 E. Valparaiso Street • Westville, Indiana 46391-9712 Phone (219) 785-2239 • Fax (219) 785-4584

Self-Medication Release Form

Date:	
Student Name:	
has been instructed in the proper use of the following	medication procedures:
We, (Physician Signature)	
and (Parent or Guardian Signature)	
request that (Child Name)	be permitted to carry
the medication on his/her person or to keep same in hi	s/her locker or P.E. locker, as we consider
him/her responsible. He/she has been instructed in and	l understands the purpose and appropriate
method and frequency of use.	

Note: Please return this form to the school health office.