

**Catholic Central High School      A "School of Character"**

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[www.cchstroy.org](http://www.cchstroy.org)

**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 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.**