



The mission of the Three Village Central School District, in concert with its families and community, is to provide an educational environment which will enable each student to achieve a high level of academic proficiency and to become a well-rounded individual who is an involved, responsible citizen.

**THREE VILLAGE
CENTRAL SCHOOL DISTRICT**

SELF-MEDICATION RELEASE FORM

Student's Name: _____ Date: _____

School: _____ Grade: _____

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 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.

Donald F. Webster, **Interim Superintendent of Schools**
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