

Oneida City School District

SUPERINTENDENT'S REGULATION

STUDENTS

7054.3

SELF-MEDICATION PERMISSION 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, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency or 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 locker.

January 10, 2012
Date approved by Superintendent



Superintendent's Signature