

MIDDLEBURGH CENTRAL SCHOOL DISTRICT
Health Office
291 Main Street P.O. Box 850
Middleburgh, New York 12122
(518) 827-3609

SELF-MEDICATION RELEASE FORM

DATE: _____

Student's Name: _____ **has been**
instructed on the proper use of his/her inhaler.

The student's Primary Care Physician (Name) _____

And us, Parent or Legal Guardian (Name) _____

request that our child be permitted to carry their inhaler on
them or to keep safe in their locker or PE locker, as we
consider him/her responsible. He/She has been instructed on
and understands the purpose, method of use and frequency of
their inhaler.

We, the undersigned, absolve the school of any responsibility in
safeguarding our child's inhaler.

Health Care Provider's Signature

Parent or Guardian Signature