



MONTICELLO CENTRAL SCHOOL DISTRICT

37 BREAKEY AVENUE + MONTICELLO, NEW YORK 12701
845-794-0128 (O) + 845-794-0250 (F) + WWW.MONTICELLOSCHOOLS.NET

SELF-ADMINISTRATION MEDICATION RELEASE FORM (*Inhalers, Epipens, Glucose Monitoring and Insulin Coverage*)

Date: _____

Student's Name: _____ has been instructed in the
proper use of the following medication or treatments _____
_____.

We (Physician's Signature) _____ and

(Parent/Guardian's Signature) _____ request

that (Student's Name) _____

be permitted to carry the medication on his/her person or to keep same in his/her locker, P.E. locker, as we consider him or 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 inhaler or Epipen on campus or keep this medication in a P.E. locker (exceptions may be made for class trips – see School Nurse Teacher).

If any questions or concerns please call the School Nurse/Teacher at the appropriate school listed below.

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|---------------|-------------------|-------------|
| Mrs. Ketcham | Cooke School | 794-8830 x5 |
| Mrs. Meerdink | Rutherford School | 794-4240 x5 |
| Mrs. Poli | Chase School | 888-0173 x5 |
| Ms. D'Andrea | Middle School | 796-3058 x5 |
| Mrs. Rettoun | High School | 794-8840 x5 |