

Au Sable Valley Central School Health Offices

Au Sable Valley Middle High Phone: 834-2820 Fax: 834-5325
Au Sable Forks Primary Phone: 647-5502 Fax: 647-8471
Keeseville Elementary Phone: 834-2839 Fax: 834-2857

Medication Release Form for Self-Directed Students

Date _____

_____ (child's name) has been instructed in the proper use of
the following medication: _____

We (Licensed Provider's signature) **X** _____

and (Parent/Guardian's signature) **X** _____

request that this student be permitted to carry the medication on his/her person as we
consider him/her responsible. He/she has been instructed in and understands the purpose,
appropriate method, and frequency of use.

Please 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.