

SELF-MEDICATION RELEASE FORM

Date: _____

Child's Name: _____ has been instructed in the proper use of the following medication procedures: _____

We, (Physician's signature) _____

Request that (Child's name) _____ be permitted to carry the medication on his person or to keep same in his dorm room, as we consider him responsible. He has been instructed in and understands the purpose and appropriate method and frequency of use.

Please return all medical forms to:
Hoop Mountain
PO BOX 7068
Beverly, MA 01915

For questions concerning medical forms please e-mail
Amanda Wilson
admin@hoopmountain.com