

ST. JOHN THE BAPTIST DIOCESAN HIGH SCHOOL

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HEALTH OFFICE

Kristina Mezzacappa, RN

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SELF-MEDICATION RELEASE 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 signature) _____

request that (Child's Name) _____ be permitted

to self carry and/or self administer his/her medication on field trips or during the absence of the school nurse. 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 other medication forms and medical care plans.*