

S. H. CALHOUN HIGH SCHOOL
1786 State Street
Merrick, NY 11566

SELF-MEDICATION RELEASE FORM

_____ Date

_____ has been instructed in the proper use of
(Student's Name)

the following medical procedures:

We, _____ and _____,
(Physician's Signature) (Parent or Guardian's Signature)

Request that _____ be permitted to carry the medication on his/her
(Child's Name)

person or keep in his/her Physical Education locker, as we consider him/her responsible.

He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

Physician's Stamp