



# *Monsignor McClancy Memorial High School*

71-06 31<sup>ST</sup> Avenue, East Elmhurst, NY 11370 718 898-3800

## **FORM FOR PRESCRIPTION MEDICATIONS**

Note to Parent/Guardian:

The Bureau of School Health of the New York City Department of Health requires that all students who need prescription or over-the-counter medication during school hours must present the following information to Msgr. McClancy High School Medical Room.

1. Written order from the physician. (Part A)
2. Written consent from parent/guardian. (Part B)
3. Medication is in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.
4. Self-medication release form must also be completed.

Name of student: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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### **Part A TO BE COMPLETED BY PHYSICIAN**

Name of Medication: \_\_\_\_\_

Specific times to be given/taken in school: \_\_\_\_\_

Dose to be given: \_\_\_\_\_

Are there any restrictions? No\_\_\_\_, Yes\_\_\_\_ Please explain\_\_\_\_\_

Print Name of Physician: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_

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### **Part B TO BE COMPLETED BY PARENT/GUARDIAN**

I, \_\_\_\_\_, give permission for my son/daughter \_\_\_\_\_  
to receive/take the above medication as directed.

Parent/Guardian's signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone: ( ) \_\_\_\_\_