



# *Monsignor McClancy Memorial High School*

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

## **SELF-MEDICATION RELEASE FORM**

**Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **has been instructed**  
**in the proper use of the following medication procedures:**

\_\_\_\_\_

**We, (Physician's signature)** \_\_\_\_\_

**and (Parent or Guardian's signature)** \_\_\_\_\_

**request that (Student's name)** \_\_\_\_\_

**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 and appropriate method and frequency of use.**

**Note:**

**This Self-Medication Form must be completed *in addition to* the Prescription Medication Form for any student who needs to take any medication (including over-the-counter medicines) during school hours. If you have any questions contact the school nurse in the medical room. (718) 898-3800 ext. 8**