

NORTH SHORE SCHOOL DISTRICT

North Shore MS Health Office
Fax: 516 277-7313

SELF-MEDICATION RELEASE FORM

Date: _____

Student's Name: _____ DOB: _____

Grade: _____ Phone No. _____

Has been instructed in the proper use of the following medication procedure:
(list medication, dose and directions)

<u>Medication</u>	<u>Dose</u>	<u>Directions</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

We request that (student's name) _____ be permitted to carry the medication on his/her person or to keep same in his/her locker or P.E. locker, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use. The student and parent may also opt to maintain the medication in the Health Office.

Check One:

_____ Student will carry medication in a properly labeled container and self-administer.

NOTE: It is the parent's responsibility to monitor on a daily/ongoing basis that student is carrying and taking medication as directed.

_____ Student will keep medication supply in the Health Office to be administered by nurse and self-administered only as needed on field trips and after school activities. **(In this case, "Permission for Administration of Medication in School" form must be completed.)**

(Physician's signature) _____

(Parent/Guardian signature) _____

Physician

Parent

Print Name _____

Print Name _____

Address _____

Address _____

Phone No. _____

Phone No. _____

NORTH SHORE SCHOOL DISTRICT

Sea Cliff Health Office
Fax: 516 277-7509

SELF-MEDICATION RELEASE FORM

Date: _____

Student's Name: _____ DOB: _____

Grade: _____ Phone No. _____

Has been instructed in the proper use of the following medication procedure:
(list medication, dose and directions)

<u>Medication</u>	<u>Dose</u>	<u>Directions</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

We request that (student's name) _____ be permitted to carry the medication on his/her person or to keep same in his/her locker or P.E. locker, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use. The student and parent may also opt to maintain the medication in the Health Office.

Check One:

_____ Student will carry medication in a properly labeled container and self-administer.

NOTE: It is the parent's responsibility to monitor on a daily/ongoing basis that student is carrying and taking medication as directed.

_____ Student will keep medication supply in the Health Office to be administered by nurse and self-administered only as needed on field trips and after school activities. **(In this case, "Permission for Administration of Medication in School" form must be completed.)**

(Physician's signature) _____

(Parent/Guardian signature) _____

Physician

Parent

Print Name _____

Print Name _____

Address _____

Address _____

Phone No. _____

Phone No. _____

NORTH SHORE SCHOOL DISTRICT

Glenwood Landing Health Office
Fax: 516 676-0972

SELF-MEDICATION RELEASE FORM

Date: _____

Student's Name: _____ DOB: _____

Grade: _____ Phone No. _____

Has been instructed in the proper use of the following medication procedure:
(list medication, dose and directions)

<u>Medication</u>	<u>Dose</u>	<u>Directions</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

We request that (student's name) _____ be permitted to carry the medication on his/her person or to keep same in his/her locker or P.E. locker, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use. The student and parent may also opt to maintain the medication in the Health Office.

Check One:

_____ Student will carry medication in a properly labeled container and self-administer.

NOTE: It is the parent's responsibility to monitor on a daily/ongoing basis that student is carrying and taking medication as directed.

_____ Student will keep medication supply in the Health Office to be administered by nurse and self-administered only as needed on field trips and after school activities. **(In this case, "Permission for Administration of Medication in School" form must be completed.)**

(Physician's signature) _____

(Parent/Guardian signature) _____

Physician

Parent

Print Name _____

Print Name _____

Address _____

Address _____

Phone No. _____

Phone No. _____

NORTH SHORE SCHOOL DISTRICT

Glen Head Health Office
Fax: 516 277-7712

SELF-MEDICATION RELEASE FORM

Date: _____

Student's Name: _____ DOB: _____

Grade: _____ Phone No. _____

Has been instructed in the proper use of the following medication procedure:
(list medication, dose and directions)

<u>Medication</u>	<u>Dose</u>	<u>Directions</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

We request that (student's name) _____ be permitted to carry the medication on his/her person or to keep same in his/her locker or P.E. locker, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use. The student and parent may also opt to maintain the medication in the Health Office.

Check One:

_____ Student will carry medication in a properly labeled container and self-administer.

NOTE: It is the parent's responsibility to monitor on a daily/ongoing basis that student is carrying and taking medication as directed.

_____ Student will keep medication supply in the Health Office to be administered by nurse and self-administered only as needed on field trips and after school activities. **(In this case, "Permission for Administration of Medication in School" form must be completed.)**

(Physician's signature) _____

(Parent/Guardian signature) _____

Physician

Parent

Print Name _____

Print Name _____

Address _____

Address _____

Phone No. _____

Phone No. _____