

ST.FRANCIS PREPARATORY HIGH SCHOOL

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 medication during school hours must present the following information to St. Francis Prep High School Medical room. (x234)

1. Written order from the physician.(Part A)
2. Written consent from the 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 _____

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 ___/___/___

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 _____