

Accredited by Middle States Association of Colleges and Secondary Schools

Member of the Board of Regents of the State of New York

Member of New York State Association of Independent Schools

Recipient of the U.S. Education Department's "Excellence in Private Education" Award

Recognized by U.S. NEWS AND WORLD REPORT as an "Outstanding American High School"

## 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	
Request that (Student's Name)	sible. He/she has been instructed in and

NOTE: This form must be completed for those students who request permission to carry their own medication during school hours. If you have any questions, please contact the School Nurse Office at (718) 423-8810 ext. 234/334.