

BELLMORE-MERRICK
CENTRAL HIGH SCHOOL DISTRICT
SANFORD H. CALHOUN HIGH SCHOOL

Concert Choir Attendance # _____

1786 STATE STREET, MERRICK, NEW YORK 11566 / 516 992-1300
FAX / 516 867-7390

ADMINISTRATION

John DeTommaso
Superintendent of Schools

Nicole Hollings
Principal

SELF-MEDICATION RELEASE FORM

Michael Gavalas
Mark Melkonian
Neil Testa, Ed. D.
Assistant Principals

_____ Date

_____ has been instructed in the proper use of the
(Student's Name)

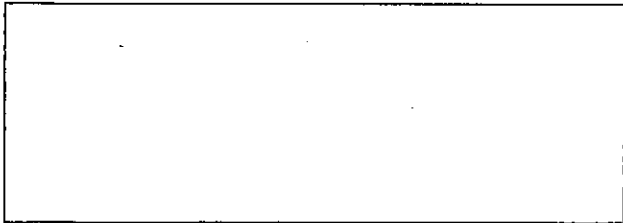
following medication procedures for a **DIAGNOSIS** of: _____

Medication(s) to be used: _____

We, _____ and _____,
(Physician's Signature) (Parent or Guardian's Signature)

Request that _____ be permitted to carry the medication on his/her
(Child's Name)

person, as we consider him/her to be responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.



Physician's Stamp

***NOTE: This form must be completed for those students who request permission to carry their own medication in school/field trips.**