

March 2017

Dear Parents/Guardians:

If your daughter has a history of requiring the use of **ANY** medication in school, whether it is prescription or over the counter medication, the Board of Health requires you to fill out the following form.

This allows your daughter to carry medication/inhalers in school. It is extremely **IMPORTANT** for them to carry their inhalers at all times, especially during any physical activity.

This includes all over the counter medications such as Tylenol or Ibuprofen for headaches or minor aches and pains.

Please have the form filled out, signed, and stamped by your physician with the name of the medication, dosage and frequency and time (as needed) indicating the condition for which the medicine should be given.

Your daughter should bring the completed form to the medical office along with the noted medication upon her return to school in September 2017. She will then be cleared to carry and take that medication during the school day. A new form is required each new school year.

If you have any further questions please feel free to call the Office of Admissions at 718-236-6363 x255.

Thank you.

Sincerely,

Rachel Kasold
Director of Admissions

SELF-MEDICATION RELEASE FORM

Date: _____

Student's Name & ID #: _____

Has been instructed in the proper use of the following medication procedures:

We, (Physician's signature & stamp) _____

and (Parent and/or Guardian's signature)

request that (student's name) _____

be permitted to carry the medication on her person or to keep some in her locker as we consider her responsible. She has been instructed in and understands the purpose and appropriate method and frequency of use.

I have read this form and understand the importance of the school policy concerning this matter.

Parent and/or Guardian's Signature

FORM TAKES EFFECT WHEN THE STUDENT BRINGS IT TO THE MEDICAL OFFICE AND DEMONSTRATES USE OF MEDICATION.