

**ST. DOMINIC HIGH SCHOOL  
110 ANSTICE STREET  
OYSTER BAY, NEW YORK 11771**

MEDICATION PERMISSION REQUEST FORM

In accordance with New York State Education Department regulations, St. Dominic High School requires that all students who need medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian
2. Bring the medication in the original prescription container, properly labeled by a registered pharmacist as prescribed by law.
3. Present a completed medication permission request form from the prescribing physician as follows:

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_

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**To Be Completed By Physician**

MEDICATION	DOSAGE	TIMES	A.M. P.M.

The following side effects are common:

\_\_\_\_\_

The following side effects should be reported to me:

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name Printed

\_\_\_\_\_  
Physician's Telephone

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**To Be Completed By Parent**

I, \_\_\_\_\_, give permission for my child to receive the above medication as directed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Telephone