

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

SELF-MEDICATION RELEASE FORM

DATE: _____

CHILD'S NAME: _____

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

We, _____
Physician's signature & name

and _____
Parent/Guardian's signature

request that _____
Child's name

be permitted to administer his/her medication as we consider him/her responsible.
He/she has been instructed and understands the purpose and appropriate method and
frequency of use.

NOTE: This form must be completed *in addition*
to routine student medication forms for
those students who request permission
to carry their own medication on campus.