



Saint Anthony's High School

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Health Office

SELF-MEDICATION RELEASE FORM

Date: _____

(Child's Name): _____ has been instructed in the proper use
of the following medication procedures: _____

(Physician's Signature) _____ and

(Parent/Guardian Signature) _____
request that (Child's Name) _____ be permitted to carry the
medication on his/her person or to keep same in his/her locker or PE locker, as we
consider him/her responsible. He/she has been instructed in and understands the
purpose and appropriate method and frequency or use.

NOTE: This form must be completed *in addition* to routine district medication
form for those students who request permission to carry their own
medication on campus or keep this medication in a PE locker.