



# 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.