

Holy Cross High School

FORM FOR PRESCRIPTION MEDICATIONS

Note to Parent/Guardian:

The Bureau of School Health of the New York City Department of Health requires that all students who need prescription or over-the-counter medication during school hours must present the following information to Holy Cross High School Medical Room.

1. Written order from the physician. (Part A)
2. Written consent from parent/guardian. (Part B)
3. Medication is in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.
4. Self- medication release form must also be completed.

Name of student: _____ Date of Birth _____

Part A

TO BE COMPLETED BY PHYSICIAN

Name of Medication: _____

Specific times to be given/taken in school: _____

Dose to be given: _____

Are there any restrictions? No _____, Yes _____ Please explain.

Print Name of Physician: _____

Signature of Physician: _____ Date ____/____/____

Part B

TO BE COMPLETED BY PARENT/GUARDIAN

I, _____, give permission for my son _____ to receive/take the above medication as directed.

Parent/Guardian's signature _____

Date: ____/____/____ Telephone: () _____

Holy Cross High School

SELF-MEDICATION RELEASE FORM

Date: _____

Student's Name: _____
**has been instructed in the proper use of the following
medication procedures:**

We, (Physician's signature) _____

and (Parent or Guardian's signature) _____

request that (Student's name) _____
**be permitted to carry the medication on his person as we
consider him responsible. He has been instructed in and
understands the purpose and appropriate method and
frequency of use.**

Note:

This Self Medication Form must be completed *in addition to* the Prescription Medication Form for any student who needs to take any medication (including over-the-counter medicines) during school hours. If you have any questions contact the school nurse in the medical room. (718) 886-7250 ext 515.