

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.