



**BELLMORE – MERRICK  
CENTRAL HIGH SCHOOL DISTRICT  
JOHN F. KENNEDY HIGH SCHOOL**

**3000 BELLMORE AVENUE, BELLMORE, NEW YORK, 11710 / 516 992-1400  
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**Administration**

Lorraine Poppe  
*Principal*

John DeTommaso  
*Superintendent of Schools*

Eileen Connolly  
Jon LaRochester  
Gerard J. Owenburg  
*Assistant Principals*

**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)

Request that (Student's Name) \_\_\_\_\_ Be permitted to carry the  
Medication on his/her person as we consider him/her responsible. He/she has been instructed in and  
understands the purpose and appropriate method and frequency of 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 field trips.**