



BELLMORE-MERRICK C.H.S.D ATHLETIC OFFICE
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 (P) 516-992-1160
 (F) 516-992-1175

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 (P) 516-992-1260
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Calhoun
 (P) 516-992-1360
 (F) 516-992-1385

Kennedy
 (P) 516-992-1460
 (F) 516-992-1475

Mephram
 (P) 516-992-1560
 (F) 516-826-1634

MAP
 (P) 516-992-1072
 (F) 516-623-2031

SELF-MEDICATION RELEASE FORM

_____ Date

_____ has been instructed in the proper use of the
 (Student's Name)

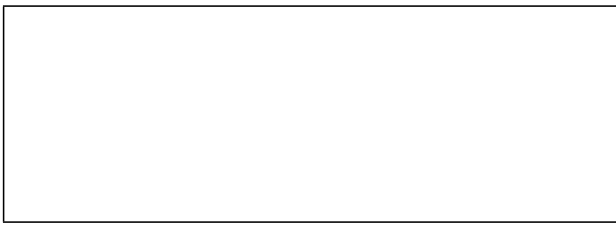
following medication procedures for a **DIAGNOSIS** of: _____

Medication(s) to be used: _____

We, _____ and _____,
 (Physician's Signature) (Parent or Guardian's Signature)

Request that _____ be permitted to carry the medication on his/her
 (Child's Name)

person, as we consider him/her to be responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.



Physician's Stamp

***NOTE: This form must be completed for those students who request permission to carry their own medication in school/field trips.**