



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

**3000 BELLMORE AVENUE, BELLMORE, NEW YORK, 11710 / 516 992-1460  
FAX 516 992-1475**

**Administration**

Lorraine Poppe  
*Principal*

John DeTommaso  
*Superintendent of Schools*

Jon LaRochester  
Gerard J. Owenburg  
Vincent Pisano  
*Assistant Principals*

**SELF-MEDICATION RELEASE FORM**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ has been instructed in the proper use of  
the following medication procedures for a **DIAGNOSIS** of: \_\_\_\_\_

**Medication(s) to be used:** \_\_\_\_\_

We, (Physician's Signature) \_\_\_\_\_

Physician's Stamp \_\_\_\_\_

And (Parent or Guardian's) \_\_\_\_\_

Request that (Student's Name) \_\_\_\_\_ be permitted to carry the  
medication(s) 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 for those students who request permission to carry their own medication in  
school/on field trips.**