



FONTBONNE HALL ACADEMY
9901 Shore Road, Brooklyn, NY 11209

SELF-MEDICATION RELEASE FORM

Date: _____

Child's Name: _____

has been instructed in the proper use of the following medication

procedures:

We, _____
(Physician's signature and Stamp)

And _____
(Parent or Guardian's signature)

Request that _____
(Student name)

Be permitted to carry the medication on her person or to keep same in her locker or P.E. locker, as we consider her responsible. She has been instructed in and understands the purpose and appropriate method and frequency of use.