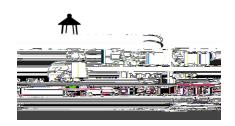
## Stephen Restivo Director of Physical Education, Health & Athletics srestivo@eischools.org



East Islip School District 1 Craig B. Gariepy Ave. Islip Terrace, NY 11752 Phone (631) 224-2138 Fax (631) 581-8204

## Health Plan / Emergency Care SECONDARY STUDENTS SELF-MEDICATION RELEASE FORM

	(Date)
(Student Name)	has been instructed in the proper use of the
following medication and/ or procedure:	
We request that	be permitted to carry medication or perform esponsible. He/ She has been instructed in and requency or use. The student assumes responsibility for
Note: This form must be completed to routine district medication form for those students who request permission to carry their own medication.	
*Self-directed: As per Physician's Order, can identify the correct medication, knows the purpose of the medication, knows the correct dosage being administered, knows the time to take medication, can describe what will happen if medication is not taken, knows to refuse medication if student has any concerns about appropriateness.	
(Physician Sgnature)	
(Parent/ Guardian Signature)	
(Student Signature)	
(Principal Signature)	
(Nurse Sgnature)	
I give permission to allow communication between physician and East Islip School District staff this plan can be shared with provider & school staff as applicable.	
Parent/Guardian Signature:	

<sup>\*</sup>Must be attached to Health/Emergency Care Plan