



William Floyd Union Free School District

of the MASTICS – MORICHES – SHIRLEY
240 Mastic Beach Road, Mastic Beach, New York 11951-1028
(631) 874-1546 (631) 874-1548 (Fax)

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SELF-MEDICATION RELEASE FORM

(This form to must completed *in addition* to the routine district medication form if student carries his/her own medication.)

Student's Name _____ Date _____

The above mentioned student has been instructed in the proper use of the following medications and procedures:

Name, dose, route and time of medication to be self-administered

We, _____ and _____
Physician's signature Parent/Guardian Signature

request that _____ be permitted to carry the medication on
Student's name

his/her person. The student has been instructed and understands the purpose and appropriate frequency and method of use. The student also understands that after each use of any medication prescribed on an "as needed" basis he/she will report this information to the school nurse.

Physician Stamp:

139-RV10

William Floyd High School Claire McCarthy, RN, (East) A-Le - 874-1139	William Floyd Middle School	William Paca Middle School	W.F.H.S. Alternative Education
John S. Hobart Elementary School Maureen Mackenzie, RN - 874-1248	Moriches Elementary School Teresa Ergul, RN - 874-1402	Nathaniel Woodhull Elementary School Kathleen Collins, RN - 874-1303	
Tangier Smith Elementary School Tina Stone, RN - 874-1345	William Floyd Elementary School Denise Todaro, RN - 874-1270		