

AnNur Islamic School

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Phone (518) 395-9866

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Student's Name: _____ D.O.B.: _____ Grade/Section: _____ School Year: _____

Medication: _____
Dosage: _____
Frequency: _____
For Treatment of: _____
Time to be Taken During School: _____

Medication: _____
Dosage: _____
Frequency: _____
For Treatment of: _____
Time to be Taken During School: _____

Self- Medication Release Form

- This Child has been instructed in the proper use of the following medication(s):

and is permitted to carry the medication(s) on his/her person or keep same in his/her locker or P.E locker (**with exception of any controlled substance**). This includes field trips and sports events He/she has been instructed in and understands the purpose and the appropriate method and frequency use.

- This child is considered self-directed for the purpose of **field trips**. During said activity will be recommended that the medication be held by the chaperone/coach or teacher until it is needed.

N.B. Any student found sharing medication with any other person will have self-directed permission rescinded immediately.

***ALL orders must be renewed at the beginning of each school year per NYS Law**

Physician's Signature: _____ Date: _____ Printed Name: _____

I request that my child received the medication as prescribed above by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the school nurse or other designated person in the case of the absence of the school nurse, will administer the medication, including field trips.

Parents Signature: _____ Date: _____