

**LONG ISLAND HIGH SCHOOL  
FOR THE ARTS**

Department of Regional  
Schools and Instructional  
Programs

**Dr. Chris Rogutsky Bleecker**  
*Principal*

**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 (Parent or Guardian's  
signature) \_\_\_\_\_ request that

(Child's Name) \_\_\_\_\_ be permitted to carry the medication on his/her  
person or to keep same in his/her locker, as we consider him/her responsible. He/she has been instructed in  
and understands the purpose and appropriate method and frequency of use.

Sincerely,

**Dr. Chris Rogutsky**  
*Principal*