

**PROVIDER AND PARENT/LEGAL GUARDIAN PERMISSIONS
REQUIRED FOR INDEPENDENT MEDICATION USE AND CARRY**

(RETURN TO SCHOOL WITHIN 7 DAYS)

Directions for the Health Care Provider: This form may be used as an addendum to a medication order which does not contain the required diagnosis and attestation for a student to independently use and carry their medication as required by NYS law. A **provider order** and **parent/legal guardian permission** is needed in order for a student to carry and use medications that require rapid administration to prevent negative health outcomes. These medications should be identified by checking the appropriate boxes below.

Student Name: _____ **DOB:** _____

Health Care Provider Permission for Independent Use and Carry

I attest that this student has demonstrated to me that they can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity with no supervision by school staff. This order applies to the medications checked below:

This student is diagnosed with:

- ☐ Allergy and requires Epinephrine Auto-injector
- ☐ Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication
- ☐ Diabetes and requires Insulin/Glucagon/Diabetes Supplies
- ☐ _____ which requires rapid administration of _____
- (State Diagnosis) (Medication Name)

Signature: _____ **Date:** _____

Parent/Legal Guardian Permission for Independent Use and Carry

I agree that the student can use their medication effectively and may use and carry this medication independently at any school/school sponsored activity with no supervision by school staff.

Signature: _____ **Date:** _____

Please return to School Nurse:

School Nurse:		School:
Phone #:	Fax:	Email: