

Miller Place Union Free School District

PROVIDER AND PARENT PERMISSION REQUIRED FOR INDEPENDENT MEDICATION CARRY AND USE

Miller Place HS 15 Memorial Drive Miller Place, NY 11764 Health Office 631-474-2481 Fax: 631-331-4093	North Country Rd. Middle School 191 North Country Rd Miller Place, NY 11764 Health Office 631-474-7258 Fax: 631-474-0362	Laddie A. Decker Sound Beach School 197 North Country Rd Miller Place, NY 11764 Health office 631-474-2721 Fax 631-331-4342	Andrew Muller Primary School 65 Lower Rocky Point Road Miller Place, NY 11764 Health Office 631-474-2717 Fax 631-474-4738
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Dear Parents,

A New York State law allows students with **respiratory(breathing) conditions, allergies, and/or diabetes the right to independently carry and use their inhaled respiratory rescue medications; epinephrine auto-injectors; and insulin, glucagon, and related diabetes supplies** if the following is provided to the school:

1. written permission from the parent/guardian; and
2. written provider order with an attestation stating both the diagnosis, and that the student has demonstrated they can effectively administer the medication(s).

Independent carry and use of medications means that your child will take their own medicine without any help. The school will not know if your child takes their medicine. If you want your child to independently carry and use a medication listed above during the school day or at school sponsored events, you will need to ask their health care provider to put in writing (attest), that they have watched your child use the medication correctly. We may ask you to have your provider write another order with the required information if it's not on the medication order you bring to school.

If you have any questions, please call your student's school health office.

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Health Office 631-474-2481
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North Country Rd. Middle School

191 North Country Rd
Miller Place, NY 11764
Health Office 631-474-7258
Fax: 631-474-0362

Laddie A. Decker

Sound Beach School
197 North Country Rd
Miller Place, NY 11764
Health office 631-474-2721
Fax 631-331-4342

Andrew Muller Primary School

65 Lower Rocky Point Road
Miller Place, NY 11764
Health Office 631-474-2717
Fax 631-474-4738

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 carry and use their medication as required by NYS law. A **provider order** and **parent/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)

Health Care Provider Signature: _____ Date: _____

Health Care Provider stamp required

Parent/Guardian Permission for Independent Use and Carry

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

Signature: _____ Date: _____

Please return this form to the school health office