



William Floyd Union Free School District

of the MASTICS – MORICHES – SHIRLEY

Our rich history builds a promising future!

Kevin M. Coster
Superintendent of Schools

Tina Stone, BSN, RN
Lead Nurse
(631) 874-1546

PROVIDER AND PARENT PERMISSIONS REQUIRED FOR INDEPENDENT MEDICATION CARRY AND USE

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 _____ (medication)
☐ Diabetes and requires Insulin/Glucagon/Diabetes Supplies (Orders must be on separate med form)
☐ _____ which requires rapid administration of _____
(State Diagnosis) (Medication Name)

Signature: _____ Date: _____

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 to School Nurse
139-RV23**

MD STAMP:

John S. Hobart Elementary School
Nurse - 874-1248 / 874-1910 (Fax)

Moriches Elementary School
Nurse - 874-1402 / 874-1948 (Fax)

Nathaniel Woodhull Elementary School
Nurse - 874-1303 / 874-1599 (Fax)

Tangier Smith Elementary School
Nurse - 874-1345 / 874-1374 (Fax)

William Floyd Elementary School
Nurse - 874-1270 / 874-1884 (Fax)

William Floyd Learning Center
Nurse - 874-1914 / 874-1594 (Fax)

William Floyd Middle School
Nurse - 874-5555 / 874-5558 (Fax)

William Floyd High School
East Nurse A-Le - 874-1139 / 874-1209 (Fax)
West Nurse Li-Z - 874-1259 / 874-1548 (Fax)

William Paca Middle School
Nurse - 874-1418 / 874-1411 (Fax)