

# Onteora Central School District

Bennett 657-2354

Middle/High School 657-2373

Woodstock 679-2316

## 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** are 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. Staff intervention and support is needed only during an emergency. 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: \_\_\_\_\_

### Permiso de los padres o tutores para el uso y porte independiente

Acepto que mi hijo/a puede usar su medicamento de manera eficaz y puede llevarlo y usarlo de manera independiente en cualquier escuela o actividad patrocinada por la escuela. La intervención y el apoyo del personal solo son necesarios durante una emergencia.

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

Please return to School Nurse:

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

Revised 6/24:lr