



FRANKFORT-SCHUYLER CENTRAL SCHOOL

HOME OF THE MAROON KNIGHTS

PROVIDER ATTESTATION AND PARENT PERMISSIONS 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 he or she 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: _____

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. Staff intervention and support is needed only during an emergency.

Signature: _____ Date: _____

Susan Jones, RN- District Nurse
 Danica Estey, LPN- Elementary Nurse
 Shelbey Spiridigloizzi- Secondary (Jr/Sr High) Nurse

Elementary Phone: 315-895-3007
 Elementary Fax: 680-432-2002
 Secondary (Jr/Sr High) Phone: 315-894-1768
 Secondary (Jr/Sr High) Fax: 315-894-2647

SERVING STUDENTS | SUPPORTING EACH OTHER | PARTNERING WITH PARENTS

DISTRICT OFFICE
 605 Palmer St.
 Frankfort, NY 13340
315.895.7781

SECONDARY SCHOOL
 605 Palmer St.
 Frankfort, NY 13340
315.895.7461

ELEMENTARY SCHOOL
 610 Reese Rd.
 Frankfort, NY 13340
315.895.7491

