

PROVIDER ATTESTATION AND PARENT/GUARDIAN PERMISSION FOR INDEPENDENT MEDICATION CARRY AND USE

Dear Parents or Guardians,

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. Staff support would be provided only in an emergency.

If you want your child to independently carry and use a medication for a condition 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.

If this information is not on the form your provider uses, you will need to have them provide it. They can use the attached form to provide this information.

After review by our school medical director, students with other health conditions who need medications quickly during the school day or at school sponsored events may also be given permission to independently carry and use their medications if they provide the same written notes.

Please direct any questions to the School Health Office where your student attends school. You can find your school nurse on the [HPCSD Health Services Page](#) or by scanning the QR code to the right.



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Directions for the Health Care Provider: This form may be used as an addendum to a medication order that 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 written **parent/guardian permission** are needed 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 diagnoses and medications checked below.

This student is diagnosed with:

- Allergy and requires an 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
Diagnosis

_____ Medication Name(s)

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:** _____

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