

Fonda-Fultonville Central School  
School Nurses' Office  
112 Old Johnstown Road  
P.O. Box 1501  
Fonda, New York 12068-1501  
Telephone: 518 853-3332, ext. 5010 or 4226- Fax: 518 853-4426  
Email: nballerstein@ffcsd.org

**PROVIDER ATTESTATION 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. 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: \_\_\_\_\_

**Please return to School Nurse:**

School Nurse: Deborah Mancini		School: Fonda-Fultonville CSD
Phone #: 853-3332x5010	Fax: 853-4426	Email: dmancini@ffcsd.org

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