



Fonda-Fultonville

CENTRAL SCHOOL DISTRICT

A Legacy of Families First

PROVIDER ATTESTATION AND PARENT/GUARDIAN PERMISSION 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 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 this student has demonstrated to me they can self-administer the medication 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:

- ☐ Allergy and requires Epinephrine Auto-Injector
- ☐ Asthma or a Respiratory Condition that requires Inhaled Respiratory Rescue Medication
- ☐ Diabetes and requires Insulin, Glucagon and/or Diabetes supplies
- ☐ _____ (state diagnosis) which requires rapid administration of _____ (medication)

HCP Signature: _____ **Date:** _____

Parent/Guardian Permission for Independent Use and Carry:

I agree that _____ can use their medication effectively and may carry and use this medication independently at school/school sponsored activities. Staff intervention is needed only during an emergency.

Parent Signature: _____ **Date:** _____

Please return this to the school nurses. Contact them with any questions or concerns.

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