MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT AT CENTEREACH

PROVIDER AND PARENT PERMISSIONS REQUIRED FOR INDEPENDENT MEDICATION USE AND CARRY

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 use and carry 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.

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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 with no supervision by school staff. 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 use and carry this medication independently at any school/school sponsored activity with no supervision by school staff.		
Signature: Date:		
Please return to School Nurse:		
School Nurse:		School:
Phone #:	Fax:	Email:

selfcarryform