PINE VALLEY CENTRAL SCHOOL South Dayton, NY 14138 District Office/Elementary School: 7755 Rt. 83 Jr./Sr. High School: 7827 Rt. 83

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.

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) (Me

(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:

Return to:

Elementary School: 7755 Route 83, South Dayton, NY 14138 Fax: 716-296-3041 Phone: 988-3291 Ext 3325

High School: 7827 Route 83, South Dayton, NY 14138 Fax: 716-296-3041 Phone: 988-3276 Ext 4324