## Pine Valley Central School 7755 Route 83, South Dayton, NY 14138

## PROVIDER ATTESTATION AND PARENT PERMISSIONS 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.

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Student Name:		DOB:	
He	ealth Care Provider Permission for Indep	endent Use and Carry	
me a d int	edication(s) listed below safely and effect delivery device if needed) independently	to me that he or she can self-administer the tively, and may carry and use this medication (with at any school/school sponsored activity. Staff uring an emergency. This order applies to the	
This student is diagnosed with:			
	Asthma or respiratory condition and red Diabetes and requires Insulin/Glucagon	ergy and requires Epinephrine Auto-injector hma or respiratory condition and requires Inhaled Respiratory Rescue Medication betes and requires Insulin/Glucagon/Diabetes Supplieswhich requires rapid administration of	
	(State Diagnosis)	(Medication Name)	
Signature:		Date:	
l ag	-	ion effectively and may carry and use this chool sponsored activity. Staff intervention and	

## **Return to:**

Signature:

Elementary School: 7755 Route 83, South Dayton, NY 14138 Phone: 716-988-3291 Ext 3220 Fax: 716-296-3041

Date:

High School: 7827 Route 83, South Dayton, NY 14138 Phone: 716-988-3276 Ext 4114 Fax: 716-296-3041