



TUXEDO UNION FREE SCHOOL DISTRICT

Timothy H. Bohlke
SUPERINTENDENT OF SCHOOLS

Gladys Baxter
INTERIM BUSINESS ADMINISTRATOR

HEALTH CARE 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
- _____ (State Diagnosis) which requires rapid administration of
_____ (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:

Marie Castricone, R.N.
Tuxedo Union Free School District
P.O. Box 2002
Tuxedo Park, New York 10987
Phone: (845) 351-4797 x3106
Fax: (845) 351-3402

Please Check One:

- ___ George Grant Mason School (K-6)
- ___ George F. Baker High School (7-12)