

**GUILDERLAND CENTRAL SCHOOL DISTRICT
FOR INDEPENDENT MEDICATION CARRY AND USE**

Directions for the Licensed Medical 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: _____

Licensed Medical Provider Permission for Independent Use and Carry

I attest that this student has demonstrated to me that he or she 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
- _____ which requires rapid administration of _____
(State Diagnosis) (Medication Name)

Signature: _____ Date: _____

Please return to School Nurse:

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 interventions and support is needed only during an emergency.

Signature: _____ Date: _____

School Nurse:		School:
Phone #:	Fax:	Email:

Reviewed March 23, 2010
 Reviewed October 23, 2012
 Replaced and Reviewed March 8, 2022