



MAHOPAC CENTRAL SCHOOL DISTRICT

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

_____ which requires rapid administration of _____
(State Diagnosis) (Medication Name)

Signature: _____ Date: _____
Health Care Provider

Health Care Provider Stamp

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 the School Nurse.