

Whitehall Central School District

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.

Student Name: _____ DOB: _____

Health Care 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: _____

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:

Table with 3 columns: School Nurse: Faith Pollock, RN; School: Whitehall Jr/Sr High School; Phone #: (518) 499-1770; Fax: (518) 564-0053; Email: fpollock@railroaders.net