

Miller Place Union Free School District

PROVIDER AND PARENT PERMISSION REQUIRED FOR INDEPENDENT MEDICATION CARRY AND USE

Miller Place HS

15 Memorial Drive
Miller Place, NY 11764
Health Office 631-474-2481
Fax: 631-331-4093

North Country Rd Middle School

191 North Country Rd
Miller Place, NY 11764
Health Office 631-474-7258
Fax: 631-474-0362

Laddie A Decker

Sound Beach School
197 North Country Rd
Miller Place, NY 11764
Health office 631-474-2721
Fax 631-331-4342

Andrew Muller Primary

65 Lower Rocky Point Road
Miller Place, NY 11764
Health Office 631-474-2717
Fax 631-474-0652

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 with no supervision by school staff. 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)

Health Care Provider Signature: _____ Date: _____

Health Care Provider stamp required

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 with no supervision by school staff.

Signature: _____ Date: _____

Please return this form to the school health office