

Franklinville Central School Medication Order



Provider and Parent Permissions for Independent Medication Carry and Use

Directions for Health Care Provider: This form may be used as on addendum to o 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. 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: _	
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_____DOB: _____

Grade/Teacher/EXT:

Health Care Provider Order 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 a respiratory condition and requires Inhaled Respiratory Rescue Medication □ Diabetes and requires Insulin/Glucagon/ Diabetes Supplies/Testing BS (Diagnosis) HCP Signature:_____ Date:_____ HCP Stamp: Parent/Guardian Permission for Independent Use and Carry I agree that my child can use their medication effectively and may carry und use this medication independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency. Signature: ** Please Return/ Fax to the appropriate Health Office Listed Below** Elementary Phone:716-676-8002 High School Phone:716-676-8022 Elem. Fax: 716-676-8097 High School Fax: 716-676-2032