

Highland Falls-Fort Montgomery Central School District

Provider and Parent Permission to Administer Medication
at School/School Sponsored Events

To Be Completed By Parent

Student Name: _____ DOB: _____

Grade: _____ School: _____

We agree, by our signature below, that the above named student has our permission to take the medication listed below in the presence of a licensed medical professional. All medication listed (unless needed for rescue situations) will be kept in the nurse's office and only taken for the occasions described below. We understand that unauthorized possession/use/sale/distribution of any kinds of medications/drugs by students may result in disciplinary action.

Parent/Guardian Signature

Date

Email

Phone Where We Can Reach You Check if Cell

To Be Completed By Health Care Provider-Valid for 1 Year

Diagnosis _____

Medication _____

Dose _____ Route _____ Time(s) _____

Recommendations _____ ICD Code _____

Note: Medication will be given as close to the prescribed time as possible, but may be given up to one hour before or after the prescribed time. Please advise if there is a time-specific concern regarding administration.

Per MEDICAID requirements, frequency & duration as indicated "per" IEP when appropriate.

Independent Carry and Use Attestation Attached (Required for Independent Carry and Use)

NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medications, epinephrine auto-injector, Insulin, carry glucagon and diabetes supplies or other medications which require rapid administration along with parent/guardian permission delivery to allow this option in school. Check this box and attach the attestation to this form to request this option.

Name/Title of Prescriber (Please Print)

Date

Prescriber's Signature

Phone

Email

Stamp

Return to:

School Nurse: Rita Figueira

School: James I. O'Neill High School

School Address: 21 Morgan Road P. O. Box 287 Highland Falls, NY 10928

Phone: (845)446-4914 x 2700 **Fax:** 845-446-2123

Email: rita.figueira@hffmcsd.org



HIGHLAND FALLS-FORT MONTGOMERY 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:

School Nurse: Rita Figueira	School: James I. O'Neill High School
Phone #: 845-446-4914	Fax: 845-446-2123
	Email: rita.figueira@hffmcsd.org