

OLEAN CITY SCHOOL DISTRICT
410 West Sullivan Street * Olean, New York 14760

11/02/15

**PROVIDER AND PARENT PERMISSIONS
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 Valid for Current School Year

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)

Name/Title of Prescriber (Please Print)

Date

Phone

Prescriber's Signature

License or NPI #

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.

Parent Signature: _____

Date: _____

School Nurse: _____

Principal: _____

PLEASE RETURN TO THE SCHOOL NURSE OR FAX TO THE MEDICAL OFFICE AT THE APPROPRIATE SCHOOL BELOW:

OHS FAX: (716) 375-8277

OIMS FAX: (716) 375-8096

WASHINGTON WEST FAX: (716) 375-8970

EAST VIEW FAX: (716) 375-8929