



**NCCS HEALTH OFFICE**

**103 Rt. 276, Champlain, NY 12919**

**Middle School Nurse**

Jennifer Dion, RN

(518) 298-8681 Ext 3007

**High School Nurse**

Kim Letourneau, RN

(518) 298-8638 Ext 2406

FAX: (518) 298-2873

**PROVIDER AND PARENT PERMISSIONS  
REQUIRED FOR INDEPENDENT MEDICATION USE AND CARRY**

**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 use and carry 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)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Permission for Independent Use and Carry**

I agree that my child can use their medication effectively and may use and carry this medication independently at any school/school sponsored activity with no supervision by school staff.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_