

**LONGWOOD CENTRAL SCHOOL DISTRICT**  
**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION/INDEPENDENT USE AT**  
**LONGWOOD SCHOOLS AND AFTER SCHOOL ACTIVITIES**

**INSTRUCTIONS TO PARENT/GUARDIAN:** According to New York State law, medication, including non-prescription (over the counter) products, **WILL NOT** be administered in school **UNLESS THE FOLLOWING ARE PROVIDED:**

1. Section A: A written order from a licensed prescriber for any and all products described below
2. Section B: A written statement from the parent or guardian requesting administration of the medication in school as ordered by the licensed prescriber
3. The parent or guardian must assume responsibility to have the product delivered directly to the health office in a properly labeled original container.
4. Indication of ability for Independent Use and Carry by MD and parent signatures

**A. PHYSICIAN'S PERMISSION FORM:** *Please complete all sections in Part A*

**Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Dosage and Times Given:** \_\_\_\_\_

**Side Effects, if any** \_\_\_\_\_

**Duration:** \_\_\_\_\_ **Other recommendations?** \_\_\_\_\_

**Select option for this student:**

- Nurse Dependent:** Nurse must administer
- Supervised Student:** Student self-administer under supervision
- INDEPENDENT:** Complete box below

**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. 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)

**Prescriber's Signature:** \_\_\_\_\_ **STAMP:**

**Prescriber's Phone Number :** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**B. PARENT/GUARDIAN PERMISSION(REQUIRED)**

I hereby request that the nurse administer such medications during the school day as prescribed by the above health care provider. This medication is to be administered as ordered during the present school year, or until terminated by written notice. We release the nurse and the LCSD of any liability relative to the administration and/or reaction of the medication on the above named student.

I request that my child be permitted to carry/self-administer his/her medication at school and school sponsored activity if **the MD has indicated permission above.** I understand it is my responsibility to monitor my child on an ongoing basis to insure that he/she is carrying and taking the medication as ordered. Staff intervention and support is needed only during an emergency.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **Student Grade:** \_\_\_\_\_

# LONGWOOD CENTRAL SCHOOL DISTRICT

## Letter to Parents Regarding NYS Law Requiring Attestation for Independent Carry and Use

Dear Parent or Guardian,

As of 07/01/15 , A New York State law allows students with **respiratory(breathing) conditions, allergies, and/or diabetes the right to independently carry and use their inhaled respiratory rescue medications; epinephrine auto-injectors; and insulin, glucagon, and related diabetes supplies** if the following is provided to the school:

1. written permission from the parent/guardian; and
2. written provider order with an attestation stating both the diagnosis, and that the student has demonstrated they can effectively administer the medication(s).

Independent carry and use of medications means that your child will take their own medicine without any help. The school will not know if your child takes their medicine. If you want your child to independently carry and use a medication listed above during the school day or at school sponsored events, you will need to ask their health care provider to put in writing (attest), that they have watched your child use the medication correctly. We may ask you to have your provider write another order with the required information if it not on the medication order you bring to school.

After review by our medical director, students with other health conditions who need medications quickly during the school day or at school sponsored events may also be given permission to independently carry and use their medications if they provide the same written notes.

Direct your questions to health office:

Coram School

Primary 631-698-0276/fax 631-698-6752

Intermediate 631-698-0275/fax 631-698-6745

West Middle Island School

Primary 631-345-2756/fax 631-345-3849

Intermediate 631-345-2161/fax 631-345-2734

Charles E. Walters School

Primary 631-345-2840/fax 631-345-2044

Intermediate 631-345-2760/fax 631-345-2170

Ridge School

Primary 631-345-5241/fax 631-345-2231

Intermediate 631-345-6978/fax 631-345-2212

Longwood Middle School

631-345-2740 /fax 631-345-2780

Longwood Junior High School

631-345-2720/fax 631-345-2827

Longwood High School

631-345-9250/631-345-5265(fax)

## LONGWOOD CENTRAL SCHOOL DISTRICT

Dear Health Care Provider,

As of 7/1/15, providers who wish to permit students to independently carry and use their own medications which require rapid administration during the school day/school sponsored events, will need to attest (state in writing), that they have observed the student using those medications correctly.

The Laws pertaining to this are sections 916, 916a and 916b and 136.7 of NYS Commissioners Regulations. The text of the laws can be viewed at [http://www.schoolhealthservicesny.com/laws\\_guidelines.cfm?subpage=123](http://www.schoolhealthservicesny.com/laws_guidelines.cfm?subpage=123).

The attestation requirement is a change in previous practice for private health care providers. We understand that many providers use specific paper or electronic forms for medication requests at school. To assist providers and schools, we have created a form which may be used to document the attestation which can be appended to any original order provided. The form is on the reverse side of this page. It is also available in the NYSSHSC School Nurse Tool Kit at <http://www.schoolhealthservicesny.com/files/filesystem/New%202015%20Independent%20carry%20and%20use-%20Revised%2011-6-15.docx>. Providers may wish to incorporate the attestation language into their existing forms so that the addendum is not needed in future requests.

Attestation indicates that the student is independent in their medication use with no assessment or intervention needed by school staff. If school staff believes the student is not appropriately and consistently taking their medication, it should be documented and parents/guardians notified.

Our school will be required by law to obtain an attestation in order to allow students to independently use and carry their medication at school, and may contact you for this additional information if not supplied with the original order.

We appreciate your time in collaborating with us to allow your patient and our student to use their medication independently at school as you have requested.

Direct your questions to health office:

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