Pine Bush Central School District
Joseph Lenz, Superintendent of Schools
Rachel Adelstein, Assistant Superintendent for Instruction
Brian Weir, Assistant Superintendent for Business

Own your learning, lead the world!

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: _____
Grade: _____ Teacher/HR: _____ School: _____

TO BE COMPLETED BY HEALTHCARE PROVIDER

I attest that this student has demonstrated to me that they can self-administer the mediation(s) listed below safely and effectively, an 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 bellow:

This student is diagnosed with :

- ☐ Allergy and required 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 _____

_____ _____
Name/Title of Prescriber (Please Print) Date

_____
Prescriber's Signature

Stamp

TO BE COMPLETED BY PARENT/GUARDIAN

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.

_____ _____
Parent/Guardian Signature Date

Return to:
School Nurse: _____

Email: _____ Fax: _____