



171 Hudson Avenue
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Daniel Kalbfliesh
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District Treasurer

Attestation for Independent Carry and Use of Medication at School and School-Sponsored Events

New York State law allows students with **respiratory (breathing) conditions such as asthma, allergies that require Epinephrine and/or Diabetes** to independently carry and use their inhaled respiratory rescue medications; epinephrine auto-injectors; and insulin, glucagon, and related diabetes supplies if the following information is provided to the school:

1. Written permission from the parent/guardian; and
 2. Written provider order with an attestation (written statement) that includes both the diagnosis, and that the student has demonstrated they can effectively self-administer the medication(s).
- **Independent carry and use** mean that your child will take their own medicine without any help. The school will not know if your child takes their medicine. Staff support would be provided only in an emergency.
 - **Attestation means** writing a statement verifying something is true.

Some health care providers use their own forms when prescribing medications for use at school. Their forms may not contain the required attestation (written statement) for independent carry and use at school.

A sample **Attestation Form** is attached and is also available on the Heatly School Health and Wellness webpage @ <https://www.greenisland.org/departments-services/health-wellness> or by scanning the QR code below with your phone or tablet.

If you have questions or need help, please contact:

Rebecca Bushey, RN, School Nurse

(518) 273-1422 ext. 1 rbushey@greenisland.org

Scan the QR code to visit the [GIUFSD School Health Services Webpage](#)





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**PROVIDER ATTESTATION AND PARENT/GUARDIAN 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. Both a healthcare **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 an Epinephrine Delivery Device
- 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. This information will be shared with school staff to protect their health and safety.

Signature: _____ **Date:** _____

Please return to: Rebecca Bushey, RN, School Nurse

Email: rbushey@greenisland.org **Phone:** (518) 273-1422 ext.1 **Fax:** (518) 270-0818

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