

Franklinville Central School Medication Order



Provider and Parent Permissions for Independent Medication Carry and Use

Directions for Health Care Provider: This form may be used as on addendum to o 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. 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:
Grade/Teacher/EXT:	
Health Care Provider Order for Ind	<u> </u>
safely and effectively, and may carry and use	t they can self-administer the medication(s) listed below this medication (with a delivery device if needed) ity. Staff Intervention and support Is needed only during s checked below:
This student is diagnosed with:	
□ Allergy and requires Epinephrine Auto-in	jector
☐ Asthma or a respiratory condition and req	uires Inhaled Respiratory Rescue Medication
□ Diabetes and requires Insulin/Glucagon/ I	Diabetes Supplies/Testing BS
□ which requires rapi	d administration of (medication)
(Diagnosis)	(medication)
HCP Signature:	Date:
HCP Stamp:	
Parent/Guardian Permission for Indepen I agree that my child can use their medication effe independently at any school/school sponsored acti an emergency.	<u> </u>
Signature: Please fist any/all medication allergies and reaction/s l	Date:
	oropriate Health Office Listed Below** High School Phone:716-676-8022 High School Fax: 716-676-2032