

# Pulaski Academy and Central School

*For self-carrying emergency medication:*

## PROVIDER ATTESTATION AND PARENT PERMISSIONS REQUIRED FOR INDEPENDENT MEDICATION CARRY AND USE

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

### 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 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)

Provider 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. I agree to be responsible for ensuring my child brings their medication on all sports and school trips.

Staff intervention and support is needed only during an emergency.

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

### Please return to School Nurse:

School Nurse:		School: PACS
Phone #: 315-298-5103	Fax: 315-298-2371	Email: