

Dear Parents or Guardians,

2024-2025 School Year

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. Staff support would be provided only in an emergency.

If you want your child to independently carry and use a medication for a condition 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.

If this information is not on the form your provider uses, you will need to have them provide it. We have a sample form for the provider to use on our website at www.schoolhealthny.com in the Sample Forms | Notifications page.

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.

Sincerely,

School Medical Director/Administrator

Please direct any questions to:

NDBG School Nurse

Phone: (518) 393-3131 (ext 104) Fax: (518) 370-3817

Email: katlyn_maxon@nd-bg.org



Notre Dame-Bishop Gibbons School

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NYSCSH PROVIDER ATTESTATION AND PARENT 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. 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)

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.

Signature: _____ Date: _____

Please return to School Nurse:

School Nurse:	School:	
Phone #:	Fax:	Email:

A School of the Roman Catholic Diocese of Albany

