



Hicksville Public Schools

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Theodore Fulton, Ed.D.
Superintendent of Schools

John O'Brien
District Clerk

PROVIDER AND PARENT PERMISSIONS REQUIRED 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's 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 _____

Health Care Provider Permission for Independent Use and Carry

I attest that this student has demonstrated to me that they 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 with no supervision by school staff. This order applies to the medications checked below.

This student is diagnosed with: (please check all that applies)

- 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 with no supervision by school staff.

Signature _____ Date _____

Please return to School Nurse:

Board of Education

Annette Beiner, President
Phil Heckler

Sunita Manjrekar, Vice President
Irene Carlomusto

Linda Imbriale, Secretary
Danielle Fotopoulos