



William Floyd Union Free School District

of the MASTICS – MORICHES – SHIRLEY

Our rich history builds a promising future!

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Kevin M. Coster
Superintendent of Schools

Jacquelyn A. O'Donnell, RN
Lead Nurse
(631) 874-1546

Dear Health Care Provider,

As of 7/1/15, providers who wish to permit students to independently carry and use their own medications which require rapid administration during the school day/school sponsored events, will need to attest (state in writing), that they have observed the student using those medications correctly.

The Laws pertaining to this are sections 916, 916a and 916b and 136.7 of NYS Commissioners Regulations. The text of the laws can be viewed at:

http://www.schoolhealthservicesny.com/laws_guidelines.cfm?subpage=123.

The attestation requirement is a change in previous practice for private health care providers. We understand that many providers use specific paper or electronic forms for medication requests at school. To assist providers and schools, we have created a form which may be used to document the attestation which can be appended to any original order provided. The form is on the reverse side of this page. It is also available in the NYSSHSC School Nurse Tool Kit at :

<http://www.schoolhealthservicesny.com/files/filesystem/New%202015%20Independent%20carry%20and%20use-%20Revised%2011-6-15.docx>.

Providers may wish to incorporate the attestation language into their existing forms so that the addendum is not needed in future requests.

Attestation indicates that the student is independent in their medication use with no assessment or intervention needed by school staff. If school staff believes the student is not appropriately and consistently taking their medication, it should be documented and parents/guardians notified.

Our school will be required by law to obtain an attestation in order to allow students to independently use and carry their medication at school, and may contact you for this additional information if not supplied with the original order.

We appreciate your time in collaborating with us to allow your patient and our student to use their medication independently at school as you have requested.

Sincerely,

Jacquelyn A. O'Donnell, RN

Jacquelyn A. O'Donnell, RN
Lead Nurse



John S. Hobart Elementary School
Maureen Mackenzie, RN - 874-1248/874-1910(Fax)

Tangier Smith Elementary School
Tina Stone, RN - 874-1345/874-1374(Fax)

William Floyd Middle School
Donna Moeller, RN - 874-5555/874-5558(Fax)

Moriches Elementary School
Teresa Ergul, RN - 874-1402/874-1948(Fax)

William Floyd High School
Claire McCarthy, RN, (East) A-Le - 874-1139/874-1209(Fax)
Mary Alvar, RN, (West) Li-Z - 874-1259/874-1548(Fax)

Nathaniel Woodhull Elementary School
Nicole Ficarrotta, RN - 874-1303/874-1599(Fax)

William Floyd Elementary School
Denise Todaro, RN - 874-1270/874-1884(Fax)

William Paca Middle School
Constance Lawson, RN - 874-1418/874-1411(Fax)



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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 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:

- Allergy and requires Epinephrine Auto-injector
- Asthma or respiratory condition and requires _____ (medication)
- Diabetes and requires Insulin/Glucagon/Diabetes Supplies (Orders must be on separate med form)
- _____ 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

MD STAMP:



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