

Attestation for Independent Carry and Use

Fulton City School District

167 South Fourth Street
Fulton, NY 13069

Dear Health Care Provider,

In order for students to **independently carry and use** their own medications which require rapid administration during the school day/school sponsored events, you will need to attest (state in writing), that you 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. Attestation indicates that the student is independent in their medication use with no assessment or intervention needed by school staff.

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 for school. To assist providers and schools, we have created this attestation form for use if your practice does not include this information already. This can be used as an addendum to your order.

Student: _____ Grade: _____

D.O.B. _____

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. Staff intervention and support is needed only during an emergency. This order applies to the medications checked below:

This student is diagnosed with:

- Allergy that requires Epinephrine Auto-injector
- Asthma or respiratory condition that requires Inhaled Rescue Medication
- Diabetes requires Insulin/Glucagon/Diabetes Supplies

Printed 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: _____