

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
(State Diagnosis) which requires rapid administration of (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:

Table with 3 columns: School Nurse, School: PACS, Phone #: 315-298-5103, Fax:315-298-2371, Email: