



ST. FRANCIS PREPARATORY SCHOOL
 6100 Francis Lewis Blvd. Fresh Meadows, NY 11365
 (718) 423-8810 www.sfponline.org

Accredited by Middle States Association of Colleges and Secondary Schools
Member of the Board of Regents of the State of New York
Member of New York State Association of Independent Schools
Recipient of the U.S. Education Department's "Excellence in Private Education" Award
Recognized by U.S. NEWS AND WORLD REPORT as an "Outstanding American High School"

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** 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: MARY PAPPAS RN BSN	School: ST. FRANCIS PREP H.S.
Phone #: 718 423 8810 x 234	Fax: 718 423 1098
	Email: mpappas@sfponline.org