



**CONNETQUOT CENTRAL SCHOOL DISTRICT OF ISLIP**

**Student Services Department**

John Pearl Elementary School  
1070 Smithtown Avenue, Bohemia, New York 11716  
(631) 244-2340 Fax (631) 699-0399  
District Website: [www.ccsdli.org](http://www.ccsdli.org)

**Joseph T. Centamore, Ed.D.**  
**Superintendent of Schools**

**Joanne Pisani**  
**Director of Student Services**

Dear Parents or Guardians,

New York State law allows students with **respiratory(breathing) conditions, anaphylactic allergies, and/or diabetes the right to independently carry and use their inhaled respiratory rescue medications; epinephrine auto-injectors; and insulin, glucagon, and related diabetes supplies** if the following is provided to the school:

1. written permission from the parent/guardian; and
2. written provider order with an attestation stating both the diagnosis, and that the student has demonstrated they can effectively administer the medication(s).

Independent carry and use of medications mean that your child will take their own medicine without any help. The school will not know if your child takes their medicine. Staff support would be provided only in an emergency.

If you want your child to independently carry and use a medication for a condition listed above during the school day or at school sponsored events, you will need to ask their health care provider to put in writing (attest), that they have watched your child use the medication correctly by completing the attached Medical Attestation Form. Please note this form can only be used for the above-mentioned conditions/medications. All other medications **MUST** be kept with the school nurse.

Kind Regards,

*Joanne Pisani*  
Director of Student Services

**Please direct any questions to:**

Nurse: Brianne Longo, RN & Jodi Klass, RN School: Connetquot High School  
Phone: (631)244-2228 Fax: (631)699-0252  
Email: CHSNURSE@ccsdli.org



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**PROVIDER ATTESTATION AND PARENT PERMISSIONS  
 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

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:	Brianne Longo, RN & Jodi Klass, RN	School:	Connetquot High School
Phone #:	(631)244-2228	Fax:	(631)699-0252
		Email:	CHSNURSE@ccsdli.org