



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

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: Kristie Maskin, RN , Donna Werner RN School: Ronkonkoma Middle School
Phone: 631-467-6000 Fax: 631-699-0367
Email: kmaskin@ccsdli.org, dwerner@ccsdli.org



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

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

Joanne Pisani
Director of Student Services

**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: | | School: |
| Phone #: | Fax: | Email: |

Created 6/2024