

**ROSLYN SCHOOL DISTRICT  
ROSLYN, NY**

**MEDICATION AUTHORIZATION FOR SELF-CARRY AND USE RELEASE FORM**

**Directions for the Health Care Provider:** 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:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Section 1: Health Care Provider Authorization and Signature**

**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

**Name of Medication(s):** \_\_\_\_\_

Dosage amount to be given: \_\_\_\_\_ Time to be given: \_\_\_\_\_

**Provider's Signature:** **X** \_\_\_\_\_ **Date:** \_\_\_\_\_

Provider's Stamp: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 2: Parent /Guardian Consent and Signature**

**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. The student will carry medication in a properly labeled container with their name on it. Staff intervention and support is needed only during an emergency.

**Parent/Guardian Signature:** **X** \_\_\_\_\_ **Date:** \_\_\_\_\_

Address \_\_\_\_\_ Primary Phone: \_\_\_\_\_

NOTE: It is the parent's responsibility to monitor on an ongoing basis that student is carrying and taking medication as directed.