



William Floyd Union Free School District

of the MASTICS – MORICHES – SHIRLEY

Our rich history builds a promising future!

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Lead Nurse
(631) 874-1546

PROVIDER AND PARENT PERMISSIONS 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** is 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 they 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 with no supervision by school staff. 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 _____ (medication)
- Diabetes and requires Insulin/Glucagon/Diabetes Supplies (Orders must be on separate med form)
- _____ 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 with no supervision by school staff.

Signature: _____ Date: _____

Please return to School Nurse

MD STAMP:



John S. Hobart Elementary School
Maureen Mackenzie, RN - 874-1248/874-1910(Fax)

Tangier Smith Elementary School
Tina Stone, RN - 874-1345/874-1374(Fax)

William Floyd Middle School
Donna Moeller, RN - 874-5555/874-5558(Fax)

Moriches Elementary School
Teresa Ergul, RN - 874-1402/874-1948(Fax)

William Floyd High School
Claire McCarthy, RN, (East) A-Le - 874-1139/874-1209(Fax)
Mary Alvar, RN, (West) Li-Z - 874-1259/874-1548(Fax)

Nathaniel Woodhull Elementary School
Nicole Ficarrotta, RN - 874-1303/874-1599(Fax)

William Floyd Elementary School
Denise Todaro, RN - 874-1270/874-1884(Fax)

William Paca Middle School
Constance Lawson, RN - 874-1418/874-1411(Fax)