



HOLY TRINITY

98 CHERRY LANE, HICKSVILLE, N.Y. 11801-6232

TEL: (516) 433-2900

FAX: (516) 433-2827

SELF-CARRIER FORM

PROVIDER AND PARENT PERMISSIONS REQUIRED FOR INDEPENDENT MEDICATIONS 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. 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 ☐ Epi-Pen _____
(Med Name & Dose)
- ☐ Asthma or respiratory condition requires Medication ☐ Inhaler _____
(Medication & Dose)
- ☐ Diabetes and requires Insulin/Glucagon/Diabetes Supplies
- ☐ _____ which requires rapid administration of _____
(State Diagnosis) (Medication & Dose)

Doctor Signature & Stamp : _____ **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: Laurell Caputo, RN		School: Holy Trinity Diocesan High School	
Phone #: 516-433-7020	Fax: 516-622-0628	Email: Lcaputo@holytrinityhs.org	H-45