

CHRISTIAN BROTHERS ACADEMY



Dear Health Care Provider,

In order for students to independently carry and use their own medication which requires rapid administration during the school day/school sponsored events, you will need to attest that you have observed the student using these medications correctly. Attestation indicates that the student is independent in their medication use with no assessment or intervention needed by school staff.

The attestation requirement is a change in previous practice for private health care providers. We understand that many providers use specific paper or electronic forms for medication requests at school. To assist providers and schools, we have created this attestation form for use if your practice does not include this information already. This can be used as an addendum to your order.

Student _____

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 medication checked below

This student is diagnosed with:

- Allergy that requires Epinephrine Auto-Injector
- Asthma or respiratory condition that requires Inhaled Rescue Medication
- Diabetes requiring Insulin/Glucagon/Diabetic Supplies

Licensed Providers 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 _____

