**School District Letterhead**

**Sample Letter to Parents Regarding   
 Attestation for Independent Carry and Use**

Dear Parents or Guardians, Date:

New York State law allows students with **respiratory(breathing) conditions, 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 means 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 toindependently 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.

If this information is not on the form your provider uses, you will need to have them provide it. We have a sample form for the provider to use on our website at [www.schoolhealthny.com](http://www.schoolhealthny.com) in the Sample Forms |Notifications page.

After review by our medical director, students with other health conditions who need medications quickly during the school day or at school sponsored events may also be given permission to independently carry and use their medications if they provide the same written notes.

Sincerely,

School Medical Director/Administrator

**Please direct any questions to:**

Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This sample resource is located at [www.schoolhealthny.com](http://www.schoolhealthny.com) Sample Forms | Notifications 9/2017