

Kenmore Schools Summer Day Camp

PROVIDER ATTESTATION AND PARENT PERMISSIONS

FOR INDEPENDENT MEDICATION CARRY AND USE

Directions for the Health Care Provider: This form is to be used as an addendum to a medication order that does not contain the required diagnosis and attestation for a child to independently carry and use their medication as required by NYS law. A **provider order** and **parent/guardian permission** are needed in order for a child 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.

Child Name: _____ **DOB:** _____

Health Care Provider Permission for Independent Use and Carry:

I attest that this child 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 **summer day camp sponsored activity**. Staff intervention and support is needed only during an emergency. This order applies to the medications checked below:

This child 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
- _____ 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 **summer day camp sponsored activity**. Staff intervention and support is needed only during an emergency. The medication will be properly labeled with my child's name and securely stored by the Camp Director.

Signature: _____ Date: _____

Please email completed form to summer_day_camp@ktufsd.org prior to the start of camp.