

# Information for Practitioners Regarding New NYS Law Requiring Attestation for Independent Carry and Use

## City School District of New Rochelle Health Services Department

Dear Health Care Practitioner,

Date: \_\_\_/\_\_\_/\_\_\_

As of 7/1/15, practitioners who wish to permit students to **independently carry and use** their own medications which require rapid administration during the school day/school sponsored events, will need to attest (state in writing), that they have observed the student using those medications correctly.

The Laws pertaining to this are sections [916](#), [916a](#) and [916b](#) and [136.7](#) of NYS Commissioners Regulations. The text of the laws can be viewed at:

<http://www.schoolhealthservicesny.com/files/filesystem/attestation%20guidance%208-17-15.pdf>

The attestation requirement is a change in previous practice for private health care practitioners. We understand that many practitioners use specific paper or electronic forms for medication requests at school. To assist you and parents, we have adopted a form which may be used to document the attestation which can be appended to any original order provided. You may also wish to incorporate the attestation language into your existing forms so that the addendum is not needed in future requests.

The attestation indicates that the student is independent in his/her medication use with no assessment or intervention needed by school staff. If school staff believes the student is not appropriately and consistently taking his/her medication or has other concerns about the student's health, this will be documented and parents/guardians notified.

Our school will be **required by law** to obtain an attestation in order to allow students to independently use and carry their medication at school, and may contact you for this additional information if not supplied with the original order.

We appreciate your time in collaborating with us to allow your patient/our student to use their medication independently at school as you have requested.

Sincerely,

*Adrienne Weiss-Harrison, M.D., F.A.A.P.*

District Medical Director

**Please direct any questions to:**

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

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