

FÒM JENERAL POU BAY MEDIKAMAN
YO PA TA DWE ITILIZE FÒM SA A POU BAY MEDIKAMAN KONT DYABÈT, KRIZ, OPRESYON OSWA ALÈJI
Fòm preskripsyon medikaman pou doktè – Biwo sante lekòl – Ane lekòl 2023-2024

Tanpri voye I tounen ba enfimyè/Sant sante ki nan lekòl la. Fòm yo resevwa apre 1ye jen ka retade pwosesis la pou nouvo ane lekòl la.

Siyati elèv la: _____ Non: _____ 2yèm non : _____ Dat nesans: _____

Nimewo OSIS: _____ Sèks: Gason Fi

Lekòl (mete non, nimewo, adrès ak borough): _____ Distri DOE: _____ Nivo klas: _____

HEALTH CARE PRACTITIONERS COMPLETE BELOW

1. Diagnosis: _____ **ICD-10 Code:** ____ . ____

Medication (Generic and/or Brand Name): _____

Preparation/Concentration: _____

Dose: _____ Route: _____

Student Skill Level (select the most appropriate option):

- Nurse-Dependent Student: nurse must administer
- Supervised Student: student self-administers, under adult supervision
- Independent Student: student is self-carry/ self-administer - *Initial below for Independent (Not allowed for controlled substances)

I attest student demonstrated ability to self-administer the prescribed medication effectively during school, field trips, and school sponsored events - Practitioner's Initials: _____

In School Instructions

Standing daily dose – at _____ and _____ **and/or**

PRN - specify signs, symptoms, or situations: _____

Time Interval: _____ minutes or _____ hours as needed

If no improvement, repeat in _____ minutes or _____ hours for a maximum _____ of times.

Conditions under which medication should not be given: _____

2. Diagnosis: _____ **ICD-10 Code:** ____ . ____

Medication (Generic and/or Brand Name): _____

Preparation/Concentration: _____

Dose: _____ Route: _____

Student Skill Level (select the most appropriate option):

- Nurse-Dependent Student: nurse/nurse-trained staff must administer
- Supervised Student: student self-administers, under adult supervision
- Independent Student: student is self-carry/ self-administer - * Initial below for Independent (Not allowed for controlled substances)

I attest student demonstrated ability to self-administer the prescribed medication effectively during school, field trips, and school sponsored events - Practitioner's Initials: _____

In School Instructions

Standing daily dose – at _____ and _____ **and/or**

PRN - specify signs, symptoms, or situations: _____

Time Interval: _____ minutes or _____ hours as needed

If no improvement, repeat in _____ minutes or _____ hours for a maximum _____ of times.

Conditions under which medication should not be given: _____

3. Diagnosis: _____ **ICD-10 Code:** ____ . ____

Medication (Generic and/or Brand Name): _____

Preparation/Concentration: _____

Dose: _____ Route: _____

Student Skill Level (select the most appropriate option):

- Nurse-Dependent Student: nurse/nurse-trained staff must administer
- Supervised Student: student self-administers, under adult supervision
- Independent Student: student is self-carry/ self-administer - * Initial below for Independent (Not allowed for controlled substances)

I attest student demonstrated ability to self-administer the prescribed medication effectively during school, field trips, and school sponsored events - Practitioner's Initials: _____

In School Instructions

Standing daily dose – at _____ and _____ **and/or**

PRN - specify signs, symptoms, or situations: _____

Time Interval: _____ minutes or _____ hours as needed

If no improvement, repeat in _____ minutes or _____ hours for a maximum _____ of times.

Conditions under which medication should not be given: _____

Home Medications (include over the counter) None

Health Care Practitioner Last Name: _____ First Name: _____ Signature: _____

Please select one: MD DO NP PA

Address: _____ E-mail address: _____

Tel. No: _____ FAX No: _____ Cell Phone: _____

NYS License No (Required): _____ NPI No: _____ Date: _____

FÒM JENERAL POU BAY MEDIKAMAN

YO PA DWE UTILIZE FÒM SA A POU BAY MEDIKAMAN KONT KRIZ, DYABÈT, OPRESYON OSWA ALÈJI Founisè

Fòm pou doktè preskri medikaman l Biwo sante lekòl – Ane lekòl 2023-2024

Tanpri voye l tounen ba enfimiyè/Sant sante ki nan lekòl la. Fòm yo resevwa apre 1ye jen ka retade pwosesis la pou nouvo ane lekòl la.

PARAN/RESPONSAB: LI, RANPLI AK SIYEN. LÈ M SIYEN PI BA A, MWEN DAKÒ AVÈK BAGAY SA YO:

1. Mwen dakò pou yo konsève medikaman pitit mwen ak ba li yo nan lekòl la dapre eksplikasyon doktè pitit mwen an bay. Mwen dakò tou pou nenpòt ekipman yo bezwen pou yo ka konsève ak itilize medikaman pitit mwen an nan lekòl la.

2. **Mwen konprann ke:**

- Mwen dwe bay enfimiyè/founisè Sant sante ki nan lekòl la (SBHC) medikaman ak ekipman pitit mwen an.
- **Tout medikaman ki gen preskripsyon ak tout medikaman “ki vann san preksripsyon (over-the-counter)” fèt pou nèf, kachte nan bwat oswa boutèy orijinal la.** M ap bay lekòl la medikaman ki resan, ki pa ekspire pou pitit mwen itilize pandan jounen lekòl la.
 - Medikaman ki vann sou preskripsyon yo fèt pou gen etikèt **orijinal** famasi a sou bwat la oswa sou boutèy la. Etikèt la dwe gen ladan: 1) non pitit mwen an, 2) non ak nimewo telefòn famasi a, 3) non doktè pitit mwen an, 4) dat, 5) kantite rechaj (refills), 6) non medikaman an, 7) dozaj, 8) lè pou li pran l, 9) kòman pou li pran medikaman an ak 10) nenpòt lòt eksplikasyon.
- Mwen dwe **imedyatman** di enfimiyè lekòl la/founisè SBHC a nenpòt chanjman ki genyen nan medikaman pitit mwen an oswa nan eksplikasyon doktè k ap trete l.
- **Yo pa pèmèt okenn elèv pote oswa pran dwòg ilegal poukont yo.**
- Biwo sante nan lekòl (Office of School Health, OSH) ak ajan li ki patisipe nan ofri pitit mwen an sèvis sante ki pi wo yo konte sou presizyon ki nan enfòmasyon ki sou fòm sa a.
- Lè m siyen fòm pou bay medikaman sa a (medication administration form, MAF) sa a, OSH ka bay pitit mwen an sèvis sante. Sèvis sa yo ka genyen ladan pami lòt, yon evalyasyon klinik oswa yon konsiltasyon medikal yon doktè oswa yon enfimiyè OSH fè.
- Medikaman ki sou fòm MAF sa a ekspire nan fen ane lekòl pitit mwen an, ki ka gen ladan tou sesyon ete, oswa lè mwen bay enfimiyè lekòl la / founisè SBHC a yon nouvo fòm MAF (kèlkeswa sa ki rive avan an). Lè preskripsyon medikaman sa a ekspire, m ap bay enfimiyè/founisè SBHC lekòl pitit mwen an yon nouvo fòm MAF ke doktè pitit mwen an ap ekri.
- Fòm sa a reprezante konsantman m ak demand mwen fè pou sèvis medikaman yo dekri sou fòm sa a. Se pa yon akò OSH genyen pou li bay sèvis ou mande a. Si OSH deside bay sèvis sa yo, pitit mwen an bezwen tou yon Plan akomodasyon Seksyon 504. Se lekòl la k ap ranpli plan sa a.
- Nan objektif pou bay pitit mwen an swen oswa tretman, OSH ka gen nenpòt lòt enfòmasyon yo panse ki nesesè sou pwoblèm medikal pitit mwen an, medikaman l ap pran oswa tretman l suiv. OSH ka pran enfòmasyon sa a nan men nenpòt doktè, enfimiyè oswa famasyen ki bay pitit mwen an sèvis.

POU ELÈV KI KA PRAN MEDIKAMN POUKONT YO (ELÈV KI ENDEPANDAN SÈLMAN)

- Mwen sètifye/konfime pitit mwen an resevwa bon jan trening epi li kapab pran medikaman poukont li. Mwen dakò pou pitit mwen an pote, konsève ak pran poukontli medikaman yo preskri nan fòm sa a nan lekòl la. Mwen gen responsablite pou bay pitit mwen an medikaman sa a nan boutèy oswa nan bwat yo jan yo dekri sa pi wo a. Mwen gen responsablite pou m sipèvizite itilizasyon medikaman pitit mwen an, ak pou tout konsekans ki genyen nan itilizasyon medikaman pitit mwen an pran nan lekòl la. Enfimiyè/founisè SBHC lekòl la pral konfime kapasite pitit mwen an pou l pote ak pran medikaman yo poukont li. Mwen dakò tou pou m bay lekòl la medikaman “an rezèv” nan yon bwat oswa boutèy ki gen etikèt byen klè sou li.
- SONJE:** Li pi bon si w voye medikaman ak ekipman pou pitit ou a nan jou yon pwomnad lekòl ak nan aktivite k ap fèt andeyò lokal lekòl la.

Siyati elèv la: _____ Non: _____ Dezyèm non: _____ Dat nesans: _____

Lekòl (ATS DBN/Non): _____ Borough: _____ Distri: _____

Non paran/responsab (ekri byen klè): _____ Imèl paran/responsab la: _____

Siyati paran/responsab: _____ Dat fòm lan siyen: _____

Adrès paran/responsab: _____

Nimewo telefòn: Lajounen: _____ Nimewo telefòn kay _____

Sellè: _____

Lòt non moun nou ka kontakte lè gen ijans:

Non: _____ Lyen avèk elèv la: _____ Nimewo telefòn: _____

For Office of School Health (OSH) Use Only

OSIS Number: _____ Received by - Name: _____ Date: _____

504 IEP Other: _____ Reviewed by - Name: _____ Date: _____

Referred to School 504 Coordinator: Yes No

Services provided by: Nurse/NP OSH Public Health Advisor (for supervised students only) School Based Health Center

Signature and Title (RN OR SMD): _____ Date School Notified & Form Sent to DOE Liaison: _____

Revisions as per OSH contact with prescribing health care practitioner: Clarified Modified