

Mete foto
elèv la la a

SEIZURE MEDICATION ADMINISTRATION FORM

Fòm pou doktè preskripsyon medikaman – Biwo sante lekòl – Ane lekòl 2024-2025

Tanpri voye l 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: _____ Mwayen _____ Dat nesans: (mwa/jou/ane) _____
Sèks Gason Fi Nimewo OSIS: _____ Nivo klas: _____ Klas: _____
Lekòl (mete non, nimewo, adrès ak borough): _____ Distri DOE: _____

SE YON DOKTÈ KI POU RANPLI PI BA A / HEALTH CARE PRACTITIONERS COMPLETE BELOW

Diagnosis/Seizure Type:

- Localization related (focal) epilepsy Primary generalized Secondary generalized Childhood/juvenile absence
 Myoclonic Infantile spasms Non-convulsive seizures Other (please describe below)

Seizure Type	Duration	Frequency	Description	Triggers/Warning Signs/Pre-ictal Phase

Post-ictal presentation:

Seizure History: Describe history & most recent episode (date, trigger, pattern, duration, treatment, hospitalization, ED visits, etc.):

Status Epilepticus? No Yes Has student had surgery for epilepsy? No Yes – Date: _____

TREATMENT PROTOCOL DURING SCHOOL:

A. In-School Medications

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

Name of Medication	Concentration/ Formulation	Dose	Route	Frequency or Time	Side Effects/Specific Instructions

B. Emergency Medication(s) (list in order of administration) [Nurse must administer] ; CALL 911 immediately after administration

Name of Medication	Concentration/ Formulation	Dose	Route	Administer After	Side Effects/Specific Instructions
				min	
				min	

C. Does student have a Vagal Nerve Stimulator (VNS)? (any trained adult can administer) No Yes, If YES, describe magnet use:

- Swipe magnet immediately within _____ min; if seizure continues, repeat after _____ min _____ times;
Give emergency medication after _____ min and call 911.

Activities:

- Adaptive/protective equipment (e.g., helmet) used? No Yes
Gym/physical activity participation restrictions? No Yes - If YES, please complete the Medical Request for Accommodations Form
 Other: _____

504 Accommodations requested (e.g., supervision for swimming)? Yes (attach form) No

Home Medication(s) <input type="checkbox"/> None	Dosage, Route, Directions	Side Effects / Specific Instructions

Other special instructions:

Health Care Practitioner

Last Name (Print): _____ First Name (Print): _____ (Please check one): MD DO NP PA
Signature: _____ Date: _____ NYS License # (Required): _____ NPI #: _____
Address: _____ Email address: _____
Telephone: _____ FAX: _____ Cell Phone: _____

INCOMPLETE PRACTITIONER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS
FORMS CANNOT BE COMPLETED BY A RESIDENT

Rev 3/24

PARAN DWE SIYEN PAJ 2 /PARENTS MUST SIGN PAGE 2 →

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

- 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.
- Mwen konprann ke:**
 - Mwen dwe bay enfimye/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 gen yon lòt medikaman pou pitit mwen pran lè li pa lekòl oswa lè li nan yon pwomnad lekòl.
 - 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 enfimye 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 prezizyon 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 yon evalyasyon klinik oswa yon konsiltasyon medikal yon doktè oswa yon enfimye 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 enfimye lekòl la / founisè SBHC a yon nouvo fòm MAF (kèlkeswa sa ki rive avan an). Lè preskripsyon medikaman sa a ekspire, m ap bay enfimye/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.
 - OSH ka gen nenpòt lòt enfòmasyon yo panse ki nesèsè sou pwoblèm medikal pitit mwen an, medikaman l ap pran oswa tertman l swiv. OSH ka pran enfòmasyon sa a nan men nenpòt doktè, enfimye oswa famasyon ki bay pitit mwen an sèvis.
 - Mwen konprann se sèlman yon enfimye oswa yon lòt founisè medikal sètifye ki kapab bay medikaman nan ka ijans pou kriz, ladan medikaman intranasal, dapre règleman eta Nouyòk.

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.

POU ELÈV KI KA PRAN MEDIKAMAN KI PA POU IJANS POUKONT YO (ELÈV 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. Enfimye oswa 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.

Siyati elèv la: _____ Non: _____ Mwayen __Dat nesans: (mwa/jou/ane) : _____

Non/nimewo lekòl la: _____ 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 _____ Selilè : _____

Lòt non moun nou ka kontakte lè gen ijans:

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

Pati sa se pou biwo sante nan lekòl (OSH) sèlman / For Office of School Health (OSH) Use Only

OSIS #: _____ 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 per Office of School Health after consultation with prescribing practitioner: Clarified Modified

Confidential information should not be sent by email / Yo pa ta dwe voye enfòmasyon konfidansyèl pa imèl.

Rev 3/24