



Kole foto
lèv la a

FÒM JENERAL POU BAY MEDIKAMAN

YO PA TA DWE UTILIZE FÒM SA A POU MEDIKAMAN KONT OPRESYON OSWA ALÈJI.

Fòm demand medikaman pou founisè | Biwo sante lekòl | Ane lekòl 2019–2020

Tanpri voye l tounen ba enfimye lekòl la. Fòm yo resevwa apre 31 me ka retade pwosesis la pou nouvo ane lekòl la.

Student Last Name _____	First Name _____	Middle _____	Date of birth ____/____/_____ MM DD YYYY	<input type="checkbox"/> Male <input type="checkbox"/> Female
OSIS Number _____			DOE District ____	Grade _____
School (include ATSDBN/name, address and borough)			Class _____	

AJAN SANTE, RANPLI PI BA A

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 medication
- Supervised Student: student self-administers, under adult supervision
- Independent Student: student is self-carry / self-administer (initial below)
(NOT ALLOWED FOR CONTROLLED SUBSTANCES)

Practitioner's Initials

I attest student demonstrated ability to self-administer the prescribed medication effectively for school / fieldtrips / school sponsored events.

In School Instructions

Standing daily dose: at ____:____ AM / PM and ____:____ AM / PM

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 must administer medication
- Supervised Student: student self-administers, under adult supervision
- Independent Student: student is self-carry / self-administer (initial below)
(NOT ALLOWED FOR CONTROLLED SUBSTANCES)

Practitioner's Initials

I attest student demonstrated ability to self-administer the prescribed medication effectively for school / fieldtrips / school sponsored events.

In School Instructions

Standing daily dose: at ____:____ AM / PM and ____:____ AM / PM

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 must administer medication
- Supervised Student: student self-administers, under adult supervision
- Independent Student: student is self-carry / self-administer (initial below)
(NOT ALLOWED FOR CONTROLLED SUBSTANCES)

Practitioner's Initials

I attest student demonstrated ability to self-administer the prescribed medication effectively for school / fieldtrips / school sponsored events.

In School Instructions

Standing daily dose: at ____:____ am / pm and ____:____ AM / PM

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)

Health Care Practitioner LAST NAME (Please print and circle one: MD, DO, NP, PA)	FIRST NAME	Signature
Address	Tel. No. (____) _____ - _____	Fax. No (____) _____ - _____
E-mail address	Cell phone (____) _____ - _____	
NYS License No (Required)	NPI No. _____	Date ____/____/____

FÒM JENERAL POU BAY MEDIKAMAN
YO PA TA DWE UTILIZE FÒM SA A POU MEDIKAMAN KONT OPRESYON OSWA ALÈJI.
 Fòm demand medikaman pou founisè | Biwo sante lekòl | Ane lekòl **2019–2020**
 Tanpri voye l tounen ba enfimye lekòl la. Fòm yo resevwa apre 31 me ka retade pwosesis la pou nouvo ane lekòl la.

PARAN/RESPONSAB RANPLI PATI PI BA A

LÈ M SIYEN PI BA, 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 yo konsève nenpòt ekipman yo bezwen pou yo ka konsève medikaman pitit mwen an ak itilize l nan lekòl la.
- Mwen konprann ke:**
 - Mwen dwe bay enfimye lekòl la medikaman ak ekipman pitit mwen an.
 - Tout medikaman ak preskripsyon ak tout medikaman “ki vann san preksripsyon(over-the-counter)” fèt pou nèf, kachte nan bwat oswa boutèt orijinal la.** M ap bay lekòl la medikaman ki resan, ki pa ekspire pou pitit mwen itilize pandan jounen lekòl la.
 - Medikaman ki vann ak 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 di enfimye lekòl la **imedyatman** 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 enfimye OSH fè.
 - Lòd pou bay 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 yon nouvo fòm MAF(kèlkeswa sa ki rive avan an).
 - 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 ofri sèvis sa yo, pitit mwen an ka bezwen tou yon Plan Akomodasyon pou Elèv(Student Accommodation Plan). 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 nesèsè sou pwoblèm medikal pitit mwen an, medikaman l ap pran oswa tretman l suiv. OSH ka pran enfòmasyon sa a nan men nenpòt doktè, enfimye oswa famasyon 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. Enfimye 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.
- Mwen dakò pou enfimye lekòl la oswa manm estaf ki resevwa trening bay pitit mwen an medikaman si li pa kapab pote ak pran yo poukont li pou yon ti tan.

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 elèv la	Inisyal	Dat nesans elèv la ___/___/___
Non/ATSDBN lekòl la	Borough		Distri
Ekri ak Non Paran/Responsab la byen klè	SIYEN LA A →	Siyati paran/responsab	Dat ou siyen an ___/___/___
Imèl paran/responsab la	Adrès Paran/Responsab		
Nimewo telefòn: Lajounen (____) _____ - _____	Lakay (____) _____ - _____	Selilè* (____) _____ - _____	
Non lòt moun pou kontakte nan ka ijans	Lyen avèk elèv la	Nimewo Telefòn lòt moun pou nou kontakte a (____) _____ - _____	

Plas sa a rezève pou OSH sèlman

OSIS Number: _____

Received by: Name _____ Date ___/___/____ Reviewed by: Name _____ Date ___/___/____

504 IEP Other 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 Modified Not Modified