

Mete foto
elèv la la a

ALLERGIES/ANAPHYLAXIS MEDICATION ADMINISTRATION FORM

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

Tanpri voye l tounen ba enfimye/Sant sante ki nan lekòl la. Fòm yo resevwa apre 1ye jen ka retade pwosis 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

Specify Allergies:

History of asthma? Yes (If yes, student has an increased risk for a severe reaction; complete the Asthma MAF for this student) No

History of anaphylaxis? Yes Date: _____ No

If yes, system affected: Respiratory Skin GI Cardiovascular Neurologic

Treatment: _____ Date: _____

Does this student have the ability to: Self-manage (See 'Student Skill Level' below) Yes No
Recognize signs of allergic reactions Yes No
Recognize and avoid allergens independently Yes No

Select In-School Medications

SEVERE REACTION

A. Immediately administer epinephrine ordered below, then call 911. Weight: _____

0.1 mg 0.15 mg 0.3 mg

Give intramuscularly in the anterolateral thigh for any of the following signs/symptoms (retractable devices preferred):

- Shortness of breath, wheezing, or coughing
- Pale or bluish skin color
- Weak pulse
- Many hives or redness over body
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Lip or tongue swelling that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Feeling of doom, confusion, altered consciousness or agitation

Other: _____

If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____

Even if child has MILD signs/symptoms after a sting or eating these foods, give epinephrine and call 911.

B. If no improvement, or if signs/symptoms recur, repeat in _____ minutes for maximum of _____ times (not to exceed a total of 3 doses)

If this box is checked, give antihistamine after epinephrine administration (order antihistamine below)

Student Skill Level (select the most appropriate option):

Nurse-Dependent Student: nurse/trained staff 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: _____

MILD REACTION

A. For any of the following sign and symptoms _____, give:

• Diphenhydramine Preparation/Concentration: _____ Dose: _____ mg po Q6 hours PRN

• Name: _____ Preparation/Concentration: _____ Dose: _____ PO Q4 hours Q6 hours Q12 hours PRN

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: _____

OTHER MEDICATION

• Give Name: _____ Preparation/Concentration: _____ Dose: _____ PO Q _____ hours PRN

Specify signs, symptoms, or situations: _____

If no improvement, indicate instructions: _____

Conditions under which medication should not be given: _____

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: _____

Home Medications (include over the counter) None

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

Rev 3/24

FORMS CANNOT BE COMPLETED BY A RESIDENT

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

ALLERGIES/ANAPHYLAXIS MEDICATION ADMINISTRATION FORM

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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:

- 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 enfimiyè/founisè Sant sante ki nan lekòl la (SBHC) medikaman ak ekipman pitit mwen an. M ap eseye bay lekòl la plim epinephrine ansanm ak egui rekratab yo.
 - Tout medikaman sou 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) kantite dòz, 8) lè pou li pran l, 9) kòman pou li pran medikaman an ak 10) nenpòt lòt eksplikasyon.
 - Mwen sètifye/konfime mwen pale avèk doktè pitit mwen an epi mwen bay konsantman m pou OSH ba pitit mwen an medikaman ki disponib nan lekòl la nan ka kote medikaman kont opresyon oswa epinephrine pa ta disponib.
 - 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.
 - 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, mwen otorize Biwo sante lekòl (Office of School Health, OSH) pou 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.
 - Preskripsyon 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 pou sèvis alèji yo dekri nan 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 famasyon ki bay pitit mwen an sèvis.

SONJE: Si ou chwazi pou itilize medikaman ki nan estòk lekòl la, ou dwe voye pitit ou a avèk epinephrine, ponp opresyon ak lòt medikaman ki apwouve nan pwomnad lekòl la ak/oswa nan pwogram aprelekòl. Medikaman ki nan depo yo se sèlman estaf OSH ki nan lekòl la ki pou itilize yo.

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 ak nan pwomnad. 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 tou m sipèvize 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.
- Mwen dakò pou enfimiyè lekòl la oswa manm estaf ki resevwa trening bay pitit mwen an epinephrine si li pa kapab pote ak pran yo poukont li pou yon ti tan.

Siyati elèv la: _____ Non: _____ Dezyèm non: _____ Dat nesans: (mwa/jou/ane) _____
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: _____
Selilè paran/responsab: _____ Lòt telefòn _____
Non/relasyon lòt moun yo ka kontakte pou ijans: _____
Telefòn lòt moun yo ka kontakte pou ijans lan: _____

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.