

**Parent must complete and SIGN reverse side of this Medication Form and submit to nurse along with a current photograph attached to upper left corner.**

<b>MEDICATION ADMINISTRATION FORM</b> <b>Authorization for Administration of Medication to Students for School Year 2009–2010</b>	Student's Name ( <i>Last, First, Middle</i> )		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	I.D. Number
	DOE Region/District	School (PS, IS, etc. and Name)		Grade	Class
	School Address				Zip Code

<b>Physician's Order</b>	<b>Check Medication and Order Type</b>	<b>Instructions for lack of improvement or adverse reaction</b>	<b>Choose all that are appropriate</b>
<p><b>1. Diagnosis</b>    <b>ASTHMA</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>SEVERITY:</b></p> <p><input type="checkbox"/> Intermittent                      <input type="checkbox"/> Moderate Persistent*</p> <p><input type="checkbox"/> Mild Persistent*                      <input type="checkbox"/> Severe Persistent*</p> <p><input type="checkbox"/> Exercise Induced</p> <p>*National guidelines recommend inhaled corticosteroids for children with persistent asthma.</p> <p><b>INDICATE HOME MEDS IN BOTTOM LEFT BOX.</b></p>	<p><i>Stock supply only available for Ventolin HFA. (see back)</i></p> <p><input type="checkbox"/> Ventolin HFA (may be provided by school for shared usage).</p> <p><input type="checkbox"/> Other HFA _____ (to be provided by parent).</p> <p style="text-align: center;"><b>ORDER TYPE</b></p> <p><input type="checkbox"/> <b>Standard order.</b> 2 puffs q 4 hrs. via MDI and spacer prn cough, wheeze, tightness in chest, difficulty breathing or shortness of breath. May repeat in 15 mins x 2 if no improvement (3 total).</p> <p><input type="checkbox"/> <b>Pre exercise.</b> 2 puffs via MDI with spacer 15-30 minutes before exercise.</p> <p><input type="checkbox"/> <b>URI or recent asthma flare</b> (within 3 days). 2 puffs @ noon via MDI inhaler and spacer for 3-5 days.</p>	<p>If improved, but not enough to return to class, call parent. If significant respiratory distress persists, call 911 and notify parent and PMD. May provide additional puffs as needed until EMS arrives.</p>	<p><input type="checkbox"/> Student may carry medication and may self-administer. <b>(PARENT MUST INITIAL REVERSE SIDE.)</b></p> <p><input type="checkbox"/> Store medication in medical room and student to self-administer under observation.</p> <p><input type="checkbox"/> Store medication in medical room and nurse to administer.</p>

<p><b>2. Diagnosis</b> _____</p> <p>_____</p> <p>Medication/Preparation/Concentration</p> <p>_____</p> <p>Dose/Route</p> <p><input type="checkbox"/> Diagnosis substantially controlled with medication.</p> <p><input type="checkbox"/> Diagnosis not substantially controlled with medication.</p>	<p><input type="checkbox"/> Standing daily dose. Specify time(s): _____</p> <p style="text-align: center;">----- <b>AND/OR</b> -----</p> <p><input type="checkbox"/> prn _____</p> <p style="text-align: center;"><i>specific signs, symptoms or situations</i></p> <p>Time interval: q ____ hours as needed</p> <p>Any repeats if no improvement? <input type="checkbox"/> Yes, in ____ hr/mins, max ____ times</p>	<p>Conditions under which medication should not be given:</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Student may carry medication (includes epi pen and MDI) and may self-administer. <b>(PARENT MUST INITIAL REVERSE SIDE.)</b></p> <p>NOT FOR CONTROLLED SUBSTANCES.</p> <p><input type="checkbox"/> Store medication in medical room and student to self-administer under observation.</p> <p><input type="checkbox"/> Store medication in medical room and nurse to administer.</p>
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<p><b>3. Diagnosis</b> _____</p> <p>_____</p> <p>Medication/Preparation/Concentration</p> <p>_____</p> <p>Dose/Route</p> <p><input type="checkbox"/> Diagnosis substantially controlled with medication.</p> <p><input type="checkbox"/> Diagnosis not substantially controlled with medication.</p>	<p><input type="checkbox"/> Standing daily dose. Specify time(s): _____</p> <p style="text-align: center;">----- <b>AND/OR</b> -----</p> <p><input type="checkbox"/> prn _____</p> <p style="text-align: center;"><i>specific signs, symptoms or situations</i></p> <p>Time interval: q ____ hours as needed</p> <p>Any repeats if no improvement? <input type="checkbox"/> Yes, in ____ hr/mins, max ____ times</p>	<p>Conditions under which medication should not be given:</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Student may carry medication (includes epi pen and MDI) and may self-administer. <b>(PARENT MUST INITIAL REVERSE SIDE.)</b></p> <p>NOT FOR CONTROLLED SUBSTANCES.</p> <p><input type="checkbox"/> Store medication in medical room and student to self-administer under observation.</p> <p><input type="checkbox"/> Store medication in medical room and nurse to administer.</p>
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<b>List medication(s) student takes at home and at what time:</b>	Health Care Practitioner (HCP) Name (PLEASE PRINT)		HCP Signature		<b>FOR DOHMH USE:</b> Revisions per DOHMH after consultation with prescribing provider
	HCP/Clinic Address				
	HCP/Clinic Tel. No.	HCP/Clinic Fax No.	NYS Registration No. (Required)	Date	

**INCOMPLETE PROVIDER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS**

**FÒMILÈ POU BAY ELÈV MEDIKAMAN MEDICATION ADMINISTRATION FORM (MAF) : KONSANTMAN AK OTORIZASYON  
PARAN OUBYEN GADYEN LEGAL POU ANE ESKOLÈ 2009/10 PARENT/GUARDIAN'S CONSENT AND AUTHORIZATION  
2009-2010**

Nan dokiman sa a, m ap bay otorizasyon pou nou mete nan plaka enfimri lekòl la medikaman pitit mwen an ansanm ak ekipman nesèsè pou ba li medikaman, dapre rekòmandasyon doktè pitit mwen an. Mwen rekonèt mwen dwe bay lekòl la medikaman ak ekipman nesèsè pou administre l, tankou ponp pou opresyon *non-Ventolin inhalers*. Mwen rekonèt mwen dwe bay medikaman yo nan flakon famasi vann li a ak tout etikèt li (mwen dwe mande famasi a pou ban mwen yon lòt flakon menm jan ak lòt la pou pitit mwen itilize nan lekòl la); etikèt ki sou medikaman doktè preskri a dwe gen ladan li non elèv la, non ak nimewo telefòn famasi a, non doktè ki preskri medikaman an, dat ak kantite fwa yo ka renouvle preskripsyon an, non medikaman an, dòz pou yo administre l, kantite fwa pou yo administre medikaman an, jan pou yo administre medikaman an oswa lòt enstriksyon oswa toude e jan pou yo administre medikaman ak lòt enstriksyon; yo dwe kite nan flakon orijinal fabrikan an medikaman yo vann san preskripsyon yo ak echantiyon medikaman yo, epi yo dwe mete non elèv la sou flakon yo. Mwen konnen ke si mwen pote yon ponp pou opresyon *inhaler*, mwen dwe bay li nan bwat mwen achte l la, epi bwat la PA DWE LOUVRI. Mwen rekonèt tou mwen dwe avèti imedyatman direktè lekòl la oswa moun li deziyen pou reprezante l la (yo) e sitou enfimye lekòl la osijè tout chanjman nan preskripsyon oswa nan enstriksyon ki endike anwo a. Mwen rekonèt yo p ap kite okenn elèv pote oswa pran poukont yo medikaman trankilizan.

Mwen rekonèt otorizasyon sa a valid sèlman jouk anvan : (1) **30 jen 2010** (yo ka pwolonje preskripsyon sa a jouk nan mwa Out si elèv la ap patisipe nan pwogram enstriksyon pandan ete Depatman Edikasyon vil Nouyòk *New York City Department of Education* (NYCDOE) ("Depatman" an) an finansè: oubyen (2) lè mwen remèt direktè lekòl la oubyen reprezantan li (yo) ak enfimye a yon nouvo preskripsyon oubyen enstriksyon doktè pitit mwen an bay osijè administrasyon medikaman ki preskri anwo a. Depi mwen soumèt MAF sa a, mwen mande pou Depatman an ak Depatman Sante ak Ijyèn mantal vil Nouyòk *New York City Department of Health and Mental Hygiene* (NYCDOHMH) bay pitit mwen an sèvis lasante espesifik pa lentèmedyè Biwo Sante nan lekòl *Office of School Health* (OSH). Mwen rekonèt ke sèvis sa yo ka egzije ke yon doktè OSH fè yon evalyasyon fason pitit mwen an reyaji ak medikaman yo preskri l la. Mwen bay tout enfòmasyon ak enstriksyon yo okonplè osijè fomalite pou founi sèvis lasante mwen mande anwo a (yo) nan MAF sa a pou medikaman an. Mwen rekonèt Depatman an, DOHMH ak moun ki reprezante yo ak anplwaye k ap founi sèvis lasante mwen mande anwo a (yo) ap baze sou enfòmasyon egzak ak sou ransèyman mwen bay nan dokiman sa a. Mwen vle pou pitit mwen an resewva sèvis lasante dapre enfòmasyon ak enstriksyon mwen bay nan MAF sa a. Mwen rekonèt tou Depatman an, DOHMH ak moun ki reprezante yo pa gen anyen pou wè ak tout efè segondè medikaman sa a ka pwovoke.

Mwen rekonèt dokiman sa a pa reprezante yon kontra ak DOE oswa DOHMH pou bay sèvis mwen mande yo, men li reprezante pito demann mwen fè, konsantman ak otorizasyon mwen bay pou sèvis sa yo. Si yo deside sèvis sa yo nesèsè, li ka nesèsè pou yo tabli yon plan akomodasyon pou elèv la tou, epi se lekòl la ki pral mete l anplis.

Nan dokiman sa a, mwen otorize DOE, DOHMH ak anplwaye yo, ak moun ki reprezante l yo pou kontakte, mande avi tout founisè sèvis lasante oswa famasyon oswa toude e founisè e famasyon ki founi pitit mwen an sèvis lasante oswa sèvis medikal, e pou jwenn tout lòt enfòmasyon yo ka panse ki apwopriye osijè eta sante pitit mwen an, medikaman li pran oswa tretman li swiv oswa toude e medikaman e tretman.

**MEDIKAMAN POU TIMOUN LAN PRAN POUKONT LI : Make paragaf sa a si w bezwen yo administre pitit ou a yon Epi-Pen, yon ponp pou opresyon *inhaler* ak lòt medikaman li ka pran poukont li :**

\_\_\_\_\_ Nan dokiman sa a, m ap sètifye yo bay pitit mwen an tout ransèyman pou l pran medikaman yo preskri l yo ki endike piwo a, epi li ka pran medikaman yo preskri l yo ki site pi wo a poukont li. Mwen otorize pitit mwen an tou pou li pote, kache e pran medikaman ke yo preskri l piwo a poukont li nan lekòl la. Mwen rekonèt mwen gen responsablite pou bay pitit mwen an medikaman sa a nan flakon famasi a ak tout etikèt li jan yo endike l anwo a, pou tout kontwòl pitit mwen an pou l itilize medikaman an, epi tou pou tout konsekans ki ka genyen poutèt pitit mwen an itilize medikaman an nan lekòl la. Nan dokiman sa a, mwen otorize DOE, DOHMH, moun ki reprezante yo ak anplwaye yo tou; direktè lekòl la tou, reprezantan li (yo), enfimye lekòl la ak pwofesè pitit mwen an pou yo bay pitit mwen an medikaman an dapre òdonans doktè pitit mwen an si pitit mwen an pa ta anmezi pran medikaman an poukont li pandan yon bout tan. Mwen rekonèt enfimye lekòl la ap konfime konpetans pitit mwen an pou li pote sou li e pou l pran medikaman an poukont li e pou l pran responsablite sa a seryezman nan lekòl la. Metsousa, mwen dakò pou bay medikaman "anplis" nan yon flakon ak tout etikèt byen ekri pou yo mete nan plaka enfimri lekòl la sizoka pitit mwen an pa gen ase medikaman pou li pran poukont li.

\_\_\_\_\_ M ap otorize direktè/direktris, moun li deziyen pou ranplase l ak enfimye lekòl la pou mete nan estòk la, epi pou bay pitit mwen an medikaman sa a sizoka pitit mwen an pa ta konsève e pa ta ka pran medikaman sa a pou kont li pou yon bout tan.

\_\_\_\_\_ M ap sètifye, nan dokiman sa a, ke mwen pale avèk doktè k ap bay pitit mwen an swen sante, epi m ap otorize OSH pou bay *Ventolin* ki nan estòk medikaman lekòl la sizoka preskripsyon pou opresyon pitit mwen an pa ta disponib.

Tanpri ekri pi ba a ak lèt detache Non & Adrès Paran/Gadyen legal :

\_\_\_\_\_  
Siyati Paran/Gadyen legal

\_\_\_\_\_  
Dat ou mete siyati w

\_\_\_\_\_  
No. telefòn pandan lajounen

\_\_\_\_\_  
No. telefòn lakay ou.

**(PA EKRI PI BA A – SE ANPLWAYE DOE AK DOHMH KI POU EKIR LADAN L SÈLMAN)  
(FOR DOE AND DOHMH ONLY)**

Student's Name: \_\_\_\_\_

OSIS No: \_\_\_\_\_

Received by: \_\_\_\_\_  
Name Date

Reviewed by: \_\_\_\_\_  
Name Date

Referred to School 504 Coordinator  Yes  No

Self-Administers/Self-Carries:  Yes  No

Services provided by:  Nurse  DOHMH Public Health Adv.

School Based Health Center  DOE School Staff

Signature and Title: \_\_\_\_\_  
(RN OR MD)

\_\_\_\_\_  
(Date school notified and form forwarded to DOE Liaison)