

ALLERGIES/ANAPHYLAXIS MEDICATION ADMINISTRATION FORM

Provider Medication Order Form—Office of School Health—School Year 2017–2018

ATTACH STUDENT PHOTO HERE	Student Last Name	First Name	Middle	Date of birth MM / DD / YYYY	Weight (kg) _____ . ____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	School (include name, number, address and borough)			OSIS # _____	DOE District _____	Grade _____
						Class _____

The following section to be completed by Student's **HEALTH CARE PRACTITIONER**

Specify Allergy	Specify Allergy	Specify Allergy
<input type="checkbox"/> Allergy to _____	<input type="checkbox"/> Allergy to _____	<input type="checkbox"/> Allergy to _____
History of asthma?	<input type="checkbox"/> Yes (<i>If yes, student has an increased risk for a severe reaction</i>)	<input type="checkbox"/> No
History of anaphylaxis?	<input type="checkbox"/> Yes Date ___/___/____	<input type="checkbox"/> No
If yes, symptoms	<input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> GI <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Neurologic	Does this student have the ability to:
Treatment	Date ___/___/____	Self-Manage <input type="checkbox"/> Yes <input type="checkbox"/> No
History of skin testing?	<input type="checkbox"/> Yes (attach copy of results) Date ___/___/____	Recognize signs of allergic reactions <input type="checkbox"/> Yes <input type="checkbox"/> No
		Recognize/avoid allergens independently <input type="checkbox"/> Yes <input type="checkbox"/> No
		Comments: _____

Select In School Medications

In School Instructions

1. ONLY SINGLE DOSE AUTO-INJECTORS SELECT BELOW

Epinephrine Auto-Injector 0.15 mg

Epinephrine Auto-Injector 0.3 mg

Give antihistamine in addition to epinephrine (**must order antihistamine below**)

Select the most appropriate option for this student:

Nurse-Dependent Student: nurse or trained school personnel must administer

Supervised Student: student self-administers, under adult supervision

Independent Student: student is self-carry/self-administer **

PRN (check all that apply):

Itching Shortness of Breath Vomiting / Diarrhea

Hives Tightness / Closure Weak Pulse

Swelling Hoarseness Pallor / Cyanosis

Redness Wheezing Dizziness / Fainting

Specify signs, symptoms, or situations:

➤ Administer Intramuscularly into anterolateral aspect of thigh

➤ **Call 911 immediately**

Practitioner's initials	I attest student demonstrated ability to self-administer the prescribed medication effectively for school/field trips/school-sponsored events **PARENT MUST INITIAL REVERSE
--------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If **no** improvement, repeat in ___ minutes for a maximum of ___ times (not to exceed a total of 3 doses).

2. ORAL MEDICATION: Diphenhydramine

Preparation/Concentration: _____ Route _____

Select the most appropriate option for this student:

Nurse-Dependent Student: nurse must administer

Supervised Student: student self-administers, under adult supervision

Independent Student: student is self-carry/self-administer **

PRN (check all that apply):

Itchy / Runny Nose Itchy Mouth Few Hives

Sneezing Mildly Itchy Skin Mild Nausea / Discomfort

Specify signs, symptoms, or situations:

Practitioner's initials	I attest student demonstrated ability to self-administer the prescribed medication effectively for school/field trips/school-sponsored events **PARENT MUST INITIAL REVERSE
--------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Dose: _____ 4 hours or 6 hours as needed (specify)

If **no** improvement, indicate instructions:

3. ORAL MEDICATION: _____

Preparation/Concentration: _____ Route _____

Select the most appropriate option for this student:

Nurse-Dependent Student: nurse must administer

Supervised Student: student self-administers, under adult supervision

Independent Student: student is self-carry/self-administer **

PRN Specify signs, symptoms, or situations:

Dose: _____ **Time interval:** ___ (specify min or hours)

Conditions under which medication should not be given:

Practitioner's initials	I attest student demonstrated ability to self-administer the prescribed medication effectively for school/field trips/school-sponsored events **PARENT MUST INITIAL REVERSE
--------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If **no** improvement, indicate instructions:

HOME Medications (include over-the counter)	For Office of School Health (OSH) Use Only
	Revisions per OSH after consultation with prescribing practitioner. <input type="checkbox"/> IEP

Health Care Practitioner (Please Print)	LAST NAME	FIRST NAME	Signature
Address		Tel. (____) ____-____	Fax. (____) ____-____
E-mail address		Cell (____) ____-____	
NYS License # (Required) _____		NPI # _____	Date ___/___/____

ALLERGIES/ANAPHYLAXIS MEDICATION ADMINISTRATION FORM
 Provider Medication Order Form—Office of School Health—School Year 2017–2018
 The Following Section to Be Completed by the Student's **Parent/Guardian**

Nan dokiman sa a, mwen bay otorizasyon pou yo bay pitit mwen an medikaman li ak pou yo mete medikaman an ansanm avèk ekipman nesèsè pou ba l medikaman an nan kabinè enfimri lekòl la, dapre rekòmandasyon doktè pitit mwen an. Mwen rekonèt mwen dwe bay lekòl la medikaman an ak ekipman nesèsè pou bay medikaman, tankou ponp pou opresyon *non-Ventolin inhalers*. Mwen rekonèt mwen dwe bay medikaman an nan flakon famasi vann li a ak tout etikèt li (mwen dwe mande famasi a yon lòt flakon orijinal pou pitit mwen itilize nan lekòl la); etikèt ki sou medikaman doktè preskri a dwe gen 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 yo preskri a, kantite fwa pou yo bay timoun lan medikaman an, jan pou yo bay li ak/oswa lòt enstriksyon; yo dwe kite medikaman yo vann san preskripsyon ak echantiyon medikaman nan flakon orijinal fabrikan an yo, avèk non elèv la sou flakon an. **Mwen konprann tout medikaman m ap pote dwe nan bwat orijinal medikaman an KI POKO OUVRI.** Mwen konprann tou ke mwen dwe fè enfimye lekòl la konnen si gen yon chanjman nan preskripsyon oswa eksplikasyon ki pi wo a.

Mwen rekonèt yo p ap kite okenn elèv pote oswa pran poukont yo medikaman trankilizan.

Mwen konprann konsantman sa a valab jis nan fen sesyon pwogram ansèyman pandan ete Depatman edikasyon Vil Nouyòk la sèlman; oswa lè mwen bay enfimye lekòl la yon nouvo preskripsyon oswa enstriksyon doktè pitit mwen an bay (nenpòt sa ki vin avan an). Depi mwen soumèt MAF sa a, mwen mande pou DOE ak Depatman Sante ak Ijyèn mantal vil Nouyòk New York City Department of Health and Mental Hygiene (DOHMH) bay pitit mwen an sèvis sante espesifik pa entèmedyè Biwo Sante nan lekòl Office of School Health (OSH). Mwen konprann sèvis sa yo ka genyen yon evalyasyon klinik ak yon konsiltasyon fizik yon ajan swen sante OSH ap fè. Nou mete tout enstriksyon konsènan fason pou ofri sèvis sante yo mande pi wo a nan MAF sa a an detay. Mwen konnen OSH ak reprezantan yo, ak anplwaye k ap ede ofri sèvis sante yo mande pi wo a konte sou prezizyon enfòmasyon moun bay nan fòm sa a.

Mwen rekonèt fòm sa a pa reprezante yon kontra OSH ak DOE pou bay sèvis mwen mande yo, men li reprezante pito demann mwen fè pou sèvis sa yo ak konsantman mwen pou pitit mwen an resevwa sèvis sa yo. Si yo wè sèvis sa yo nesèsè, li ka nesèsè tou pou tabli yon plan akomodasyon pou elèv la, epi se lekòl la ki pral mete plan an anplas.

Mwen konprann OSH ak DOE ak anplwaye yo, ak moun ki reprezante yo kapab kontakte, mande avi tout founisè sèvis sante ak/oswa famasyen ki founi pitit mwen an sèvis sante ak/oswa tretman pou jwenn tout lòt enfòmasyon yo ka jije apwopriye osijè eta sante pitit mwen an, medikaman li pran ak/oswa tretman y ap ba li.

MEDIKAMAN POU TIMOUN LAN PRAN POUKONT LI :

Mete inisyal ou akote paragaf sa a pou itilizasyon yon epinephrine, ponp medikaman pou opresyon ak lòt medikaman yo apwouve pou timoun lan pran poukont li:

INISYAL	Mwen sètifye la a yo byen montre pitit mwen an jan pou l pran medikaman yo preskri l la poukont li, epi li ka pran l poukont li. Mwen konsanti tou pou pitit mwen an pote, konsève ak pran medikaman ki preskri pi wo a poukont li nan lekòl la. Mwen rekonèt se responsablite m pou bay pitit mwen an medikaman sa a nan flakon ki gen etikèt jan yo deklare sa pi wo a, pou kontwòl jan pitit mwen itilize medikaman sa a, epi pou nenpòt konsekans ki rive akòz pitit mwen ap itilize medikaman sa a nan lekòl la. Mwen konnen enfimye lekòl la ap konfime kapasite pitit mwen an pou pote ak pou pran medikaman an poukont li yon fason responsab. Anplis, mwen dakò pou bay lekòl la "lòt flakon" medikaman ki gen etikèt kote yo ekri aklè non medikaman an pou konsève nan enfimri lekòl la si pitit mwen an pa ta rete ase nan medikaman li pote pou pran poukont li.
---------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

INISYAL	Mwen bay konsantman m pou enfimye lekòl la pou kenbe nan lekòl la ak/oswa bay pitit mwen an medikaman sa a nan ka kote pitit mwen an pa ta kapab kenbe oswa pran medikaman sa pou kont li pou yon ti bout tan.
---------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Si ou chwazi pou itilize medikaman lekòl la, ou dwe voye pitit ou a kanmèm avèk epinephrine, ponp opresyon ak lòt medikaman li gen pou pran poukont li nan pwomnad lekòl la ak/oswa pwogram aprelekòl pou li ka genyen li disponib. Yo ka itilize epinephrine lekòl la genyen an sèlman lè pitit ou a nan bilding lekòl la.



Siyati elèv la	Non	MI	Dat nesans	Lèkòl
Ekri ak lèt detache Non Paran/Responsab			Siyati paran/responsab	
Adrès Paran/Responsab			Dat ou siyen fòm lan	
Nimewo telefòn	Lajounen	Kay	Selilè	
Adrès imèl paran an/responsab legal				
Lòt non moun nou ka kontakte lè gen yon ijans			Nimewo telefòn moun pou kontakte	

DO NOT WRITE BELOW – FOR OSH USE ONLY

Received by: Name	Date	Reviewed by: Name	Date
Self-Administers/Self-Carries: <input type="checkbox"/> Yes <input type="checkbox"/> No		Services provided by: <input type="checkbox"/> Nurse <input type="checkbox"/> OSH Public Health Advisor <input type="checkbox"/> School Based Health Center <input type="checkbox"/> DOE School Staff	
Signature and Title (RN OR MD/DO/NP)			