



Fòm pou bay medikaman kont alèji/anaphylaxis 2021-22

Fòm preskripsyon medikaman pou doktè | Biwo sante lekòl | Ane lekòl 2021-2022

Tanpri voye l tounen ba enfimye lekòl la. Fòm yo resevwa apre 1ye jen ka retade pwosis la pou nouvo ane lekòl la.

Siyati elèv la: _____ Non: _____ Dezyèm non _____ Dat nesans: _____

Seks: Gason Fi Nimewo OSIS: _____ Pwa: _____

Lekòl (mete non, nimewo, adrès ak borough): _____

Distri DOE: _____ Klas: _____ Salklas: _____

HEALTH CARE PRACTITIONERS COMPLETE BELOW / AJAN SANTE RANPLI PI BA A

Specify Allergies: Allergy to: _____ Allergy to: _____ Allergy to: _____ Allergy to: _____

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.

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 bothers 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.

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/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. Give antihistamine: Name: _____ Preparation/Concentration: _____ Dose: _____ Route: _____

Frequency: Q4 hours or Q6 hours as needed for any of the following signs/symptoms:

- Itchy nose, sneezing, itchy mouth
- A few hives or mildly itchy skin
- Mild stomach nausea or discomfort
- Other: _____

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: _____ Route: _____

Frequency: Q _____ minutes hours as needed

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): _____ Signature: _____

NYS License # (Required): _____ NPI #: _____ Please check one: MD DO NP PA Date: _____

Address: _____ E-mail address: _____

Tel: _____ FAX: _____ Cell Phone: _____

FÒM POU BAY MEDIKAMAN KONT ALÈJI/ANAPHYLAXIS
Fòm preskripsyon medikaman pou doktè | Biwo sante lekòl | Ane lekòl **2021-2022**

Tanpri voye I tounen ba enfimye 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 enfimye lekòl la 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 di enfimye lekòl la **imedyatman** 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 prezizyon 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 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). Lè preskripsyon medikaman sa a ekspire, m ap bay enfimye lekòl pitit mwen an yon nouvo fòm MAF ke doktè pitit mwen an ap ekri. OSH pa p bezwen siyati m pou l ekri lòt fòm MAF alavni.
 - 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 pou elèv. 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 epinephrine si li pa kapab pote ak pran yo poukont li pou yon ti tan.

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 li gen pou pran poukont li nan pwomnad lekòl la ak/oswa nan pwogram aprelekòl pou li ka genyen li disponib. Medikaman ki nan estòk lekòl yo se sèlman estaf OSH ki nan lekòl la ki pou itilize yo.

Siyati elèv la: _____ Non: _____ Dezyèm non: _____ Dat nesans: _____

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: _____

Selièlè paran/responsab la: _____ Lòt telefòn _____

Non/relasyon lòt moun yo ka kontakte pou ijans: _____

Telefòn lòt moun yo ka kontakte pou ijans lan: _____

For Office of School Health (OSH) Use Only / Plas sa a rezève pou Biwo OSH sèlman

OSIS Number: _____ 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