

Attach student photo here

ALLERGIES/ANAPHYLAXIS MEDICATION ADMINISTRATION FORM

Provider Medication Order Form | Office of School Health | School Year 2018-2019

DUE: JULY 15th. Forms submitted after July 15th may delay processing for new school year

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

HEALTH CARE PRACTITIONERS COMPLETE BELOW

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 (If yes, student has an increased risk for a severe reaction) <input type="checkbox"/> No	Does this student have the ability to:	
History of anaphylaxis? <input type="checkbox"/> Yes Date ____/____/____ <input type="checkbox"/> No	Self-Manage (See 'Student Skill Level' below) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, system affected <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> GI <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Neurologic	Recognize signs of allergic reactions <input type="checkbox"/> Yes <input type="checkbox"/> No	
Treatment Date ____/____/____	Recognize/avoid allergens independently <input type="checkbox"/> Yes <input type="checkbox"/> No	
History of allergy testing? <input type="checkbox"/> Yes (attach copy of results) Date ____/____/____ <input type="checkbox"/> No	Comments:	

Select In School Medications

1. SEVERE REACTION

- **CALL 911**, Immediately administer:
- Epinephrine** Auto-Injector 0.15 mg
- Epinephrine** Auto-Injector 0.3 mg (retractable devices preferred) intramuscularly into the anterolateral of thigh for the following symptoms:
 - Shortness of breath, wheezing, or coughing
 - Fainting or dizziness
 - Lip or tongue swelling that bothers breathing
 - Pale or bluish skin color
 - Tight or hoarse throat
 - Vomiting or diarrhea (if severe or combined with other symptoms)
 - Weak pulse
 - Trouble breathing or swallowing
 - Feeling of doom, confusion, altered consciousness or agitation
 - Many hives or redness over body
- 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 symptoms after a sting or eating these foods, **give epinephrine.**
- If no improvement, or if symptoms recur, repeat in _____ minutes for maximum of _____ times (not to exceed a total of 3 doses)

Student Skill Level (select the most appropriate option)

- Dependent Student: nurse/nurse-trained staff must administer
- Supervised Student: student self-administers, under adult supervision
- Independent Student: student is self-carry/self-administer

Practitioner's Initials

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

2. MILD REACTION:

- Give antihistamine: Name: _____ Preparation/Concentration: _____ Dose: _____ Route: _____
Frequency: Q4 hours or Q6 hours as needed for the following symptoms:
 - Itchy nose, sneezing, itchy mouth
 - A few hives
 - Mild stomach nausea or discomfort
 - Other: _____
- If symptoms of severe allergy/anaphylaxis develop, use epinephrine.

Student Skill Level (select the most appropriate option)

- Dependent Student: nurse must administer
- Supervised Student: student self-administers, under adult supervision
- Independent Student: student is self-carry/self-administer

Practitioner's Initials

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

3. OTHER MEDICATION (e.g., inhaler/bronchodilator if child has asthma):

- 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

Practitioner's Initials

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

Home Medications (include over-the counter)

Health Care Practitioner Name LAST (Please Print)	FIRST	Signature	Date ____/____/____
Address		Tel. (____) ____-____	Fax. (____) ____-____
NYS License # (Required)	NPI #		

FÒM POU YO BAY ELÈV MEDIKAMAN KONT ALÈJI/ANAFILAKSI

Fòm Kòmand Medikaman Founisè | Biwo Sante Lekòl | Ane Lekòl 2018–2019
DELÈ : 15 JIYÈ. Fòm yo resevwa apre 15 jiyè 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 enfimyè lekòl la medikaman ak ekipman pitit mwen an. M ap eseye bay lekòl la epinephrine pens ansanm ak egwi retraktab yo.
 - Tout preskripsyon ak medikaman “ki vann san preksripsyon (over-the-counter)” fèt pou nèf, kachte nan bwat oswa boutèt orijinal la.** M ap gen yon lòt medikaman pou pitit mwen pran lè li pa lekòl oswa lè li nan yon pwomnad lekòl.
 - 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 enfimyè 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 presizyon ki nan enfòmasyon ki sou fòm sa a.
 - Lè m siyen fòm pou bay medikaman sa a (medication administration form, MAF) sa a, Biwo Sante Lekòl (Office of School Health, OSH) ka bay pitit mwen an sèvis sante. Sèvis sa yo ka genyen yon evalyasyon klinik oswa yon konsiltasyon medikal yon doktè oswa yon enfimyè 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 enfimyè lekòl la yon nouvo fòm MAF (kèlkeswa sa ki rive avan an).
 - 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 decide 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.
 - OSH ka gen nenpòt lòt enfòmasyon yo panse ki nesèsè sou pwoblèm medikal pitit mwen an, medikaman l ap pran oswa tertman l swiv. OSH ka pran enfòmasyon sa a nan men nenpòt doktè, enfimyè oswa famasyon ki bay pitit mwen an sèvis.
 - Si enfimyè lekòl la pa disponib, yo ka avèti m pou m vin lekòl la pou bay pitit mwen an medikaman.

MEDIKAMAN POU TIMOUN LAN PRAN POUKONT LI :

- 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 sipèvize itilizasyon medikaman pitit mwen an ak pou tout konsekans ki genyen nan itilizasyon medikaman pitit mwen an pran nan lekòl la. Enfimyè 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 enfimyè 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.
- 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 medikaman epinephrine pa ta disponib.

SONJE: Si ou chwazi pou itilize medikaman ki nan depo 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 depo yo se sèlman estaf OSH ki nan lekòl la ki pou itilize yo.

Siyati elèv la	Non	Inisyèl dezyèm non	Dat nesans	Lekòl
Ekri ak Non Paran/Responsab la byen klè	SIYEN LA A →		Siyati paran/responsab	
Dat ou siyen fòm lan	Imèl paran/responsab la		Adrès Paran/Responsab	
Nimewo telefòn: Lajounen	Kay		Seliè	
Lòt non moun nou ka kontakte lè gen yon ijans			Nimewo telefòn moun pou kontakte	

For Office of School Health (OSH) Use Only / Pou Itilizasyon Biwo Sante Lekòl Sèlman

OSIS Number:			
Received by: Non	Dat	Moun ki revize l: Non	Dat
<input type="checkbox"/> 504	<input type="checkbox"/> IEP	<input type="checkbox"/> Other	Referred to School 504 Coordinator: <input type="checkbox"/> Yes <input type="checkbox"/> No
Services provided by: <input type="checkbox"/> Nurse/NP		<input type="checkbox"/> OSH Public Health Advisor <i>(For supervised students only)</i>	<input type="checkbox"/> 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 <input type="checkbox"/> Modified <input type="checkbox"/> Not Modified			

*Ou pa dwe voye enfòmasyon konfidansyèl pa imèl.