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## GENERAL MEDICATION ADMINISTRATION FORM

YO PA TA DWE ITILIZE FÒM SA A POU BAY MEDIKAMAN KONT DYABÈT, KRIZ, OPRESYON OSWA ALÈJI

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

Tanpri voye I tounen ba enfimye/Sant sante ki nan lekòl la. Fòm yo resevwa apre 1ye jen ka retade pwosesis la pou nouvo ane lekòl la.

Siyati elèv la: \_\_\_\_\_ Non: \_\_\_\_\_ 2yèm non : \_\_\_\_\_ Dat nesans: (mwa/jou/ane) \_\_\_\_\_  
Sèks:  Gason  Fi Nimewo OSIS: \_\_\_\_\_ Grade: \_\_\_\_\_ Classe: \_\_\_\_\_  
Lekòl (mete non, nimewo, adrès ak borough): \_\_\_\_\_ Distri DOE: \_\_\_\_\_

### PARTIE À COMPLÉTER PAR LES PROFESSIONNELS DE SANTÉ (HEALTH CARE PRACTITIONERS COMPLETE BELOW)

1. **Diagnosis:** \_\_\_\_\_ **ICD-10 Code:**  \_\_\_\_\_ . \_\_\_\_\_

Medication (Generic and/or Brand Name): \_\_\_\_\_

Preparation/Concentration: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

**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 - \*Initial below for Independent (not allowed for controlled substances)  
 I attest student demonstrated ability to self-administer the prescribed medication effectively during school, field trips, and school sponsored events.  Practitioner's Initials: \_\_\_\_\_

#### In School Instructions

- Standing daily dose – at \_\_\_\_\_ and \_\_\_\_\_ and/or  
 PRN – specify signs, symptoms, or situations: \_\_\_\_\_  
 Time interval: \_\_\_\_\_ minutes or \_\_\_\_\_ hours as needed.  
 If no improvement, repeat in \_\_\_\_\_ minutes or \_\_\_\_\_ hours for a maximum of \_\_\_\_\_ times.

**Conditions under which medication should not be given:** \_\_\_\_\_

2. **Diagnosis:** \_\_\_\_\_ **ICD-10 Code:**  \_\_\_\_\_ . \_\_\_\_\_

Medication (Generic and/or Brand Name): \_\_\_\_\_

Preparation/Concentration: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

**Student Skill Level** (select the most appropriate option):

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**Conditions under which medication should not be given:** \_\_\_\_\_

3. **Diagnosis:** \_\_\_\_\_ **ICD-10 Code:**  \_\_\_\_\_ . \_\_\_\_\_

Medication (Generic and/or Brand Name): \_\_\_\_\_

Preparation/Concentration: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

**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 - \*Initial below for Independent (not allowed for controlled substances)  
 I attest student demonstrated ability to self-administer the prescribed medication effectively during school, field trips, and school sponsored events.  Practitioner's Initials: \_\_\_\_\_

#### In School Instructions

- Standing daily dose – at \_\_\_\_\_ and \_\_\_\_\_ and/or  
 PRN – specify signs, symptoms, or situations: \_\_\_\_\_  
 Time interval: \_\_\_\_\_ minutes or \_\_\_\_\_ hours as needed.  
 If no improvement, repeat in \_\_\_\_\_ minutes or \_\_\_\_\_ hours for a maximum of \_\_\_\_\_ times.

**Conditions under which medication should not be given:** \_\_\_\_\_

**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

**LES PARENTS DOIVENT SIGNER LA PAGE 2 / PARENTS MUST SIGN PAGE 2 →**

# GENERAL MEDICATION ADMINISTRATION FORM

YO PA TA DWE UTILIZE FÒM SA A POU BAY MEDIKAMAN KONT DYABÈT, KRIZ, OPRESYON OSWA ALÈJI

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

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.
  - Tout medikaman ki gen 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) dozaj, 8) lè pou li pran l, 9) kòman pou li pran medikaman an ak 10) nenpòt lòt eksplikasyon.
  - 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.
  - Yo pa pèmèt okenn elèv pote oswa pran dwòg ilegal poukont yo.**
  - Biwo sante nan lekòl (Office of School Health, 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, OSH ka 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.
  - 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 ak demand mwen fè pou sèvis medikaman yo dekri sou 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 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, enfimiyè oswa famasyon ki bay pitit mwen an sèvis.

**SONJE:** Li pi bon si w voye medikaman ak ekipman pou pitit ou a nan jou yon pwomnad lekòl ak nan aktivite k ap fèt andeyò lokal lekòl la.

### POU ELÈV KI KA PRAN MEDIKAMAN 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 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 pou 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.

Siyati elèv la: \_\_\_\_\_ Non: \_\_\_\_\_ 2yèm 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: \_\_\_\_\_

Nimewo telefòn: Lajounen: \_\_\_\_\_ Nimewo telefòn kay: \_\_\_\_\_ Selilè: \_\_\_\_\_

Lèt non moun nou ka kontakte lè gen ijans: \_\_\_\_\_

Non: \_\_\_\_\_ Lyen avèk elèv la: \_\_\_\_\_ Nimewo telefòn: \_\_\_\_\_

### 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 OSH contact with prescribing health care practitioner:  Clarified  Modified

Confidential information should not be sent by email / Yo pa ta dwe voye enfòmasyon konfidansyèl pa imèl.

Rev 3/24