Other Treatment Order Form   Office of School Health   School Yoar 2022-2023             Plot Nome		Attach I tudent				•		
Student Last Name:         First Name:         Middle:         Middle:         Middle:         Middle:         Grader:         Grader:<	-							
Date of Birth:						-		-
DE Datrict       School (include ATSDBMNume, addrass, and borought):         HEALTHCARE PRACTIONERS COMPLETE BELOW         ONE ORDER PER FOOM (inake copies of this from for additional oldres). Attach prescription(s) / additional sheet(s) if necessary to provide requested informs          Bood Phasure Monitoring								
HEALTHCAE FRACTITIONERS COMPLETE BELOW         One operation of the additional developes of this from for additional developing // additional heading // messare to provide requested informer         Image: Comparison of the additional developes of the from for additional developes of the additevelopes of the additional developes of the a								
ONE ORDER FER FORM (make copies of this from for additional orders). Attach prescription(s) / additional sheet(s) if necessary to provide requested informs	DOL DI	Strict						
medical additization       image Precision       image Precision       image Precision       image Precision         image Descense Working       image Descense Descense Descense Precision       image Descense Descen				-				
Bitsop Presure Monitoring          Product Table replacement of dataging - specify in is         Oracle Transport usation         Oracle Transport         Oracle Transport         Oracle Transport         Oracle Transport         Oracle Transport         Oracle Transport In its         Oracle Transport         Subdort Student Student Instructions Student Student Instruction Transport         Subdort Student Student Student Instruction Student Student Instructions         Transport         Subsection Student Instruction Student Student Instruction Stop         Oracle Transport         Concentration:         Concentratati				m for additional ord	ers). Attach prescription(	s) / additional shee	t(s) if necessary to	provide requested information and
					ube replacement if dislodge	d - specify in #5	Trach Care	Trach Size
Control Line     Conditions and feedings by parents Lis no longer permissible for a n				•				
Instance Characterizations   Image: Characterization Image: Characterization   Image: Characterization Provemond Characterization   Ima								
Order:	_							•
	Dress	ing Change					-	
Student with also require tratement: Student student and results and results and an also require tratement: Student student and an also require tratement: Student student administer tratement: Student student administer tratement: Supervised Student: student self-reases under addit supervision Interest student denorstrate the ability to self-administer the prescribed treatment effectively during school, field trips, and school-sponsored events Prectitioner's hilds Diagnosis: Treatment required in school: Treatment required in school: Route: Previncing formula Name: Route: Previncing of medications and feedings by parents is no longer permissible for a nurse to administeration: Route: Previncing of medications and feedings by parents is no longer permissible for a nurse to administeration: Previncing of medications and feedings by parents is no longer permissible for a nurse to administeration: Previncing of medications and feedings by parents is no longer permissible for a nurse to administeration: Previncing of medications and feedings by parents is no longer permissible for a nurse to administeration: Previncing of medications and feedings by parents is no longer permissible for a nurse to administration: Previncing of medications and feedings by parents is no longer permissible for a nurse to administration: Previncing per administration: Previncing and feedings by parents is no longer permissible for a nurse to administration: Previncing and Administration: P			Fr.	_	-			
Student will also require treatment:       during transport       on school-sponsored trips       during afterschool programs         Supervised Student: nurse must administer treatment       supervised Student: student is self-armystelf-treat (initial below)       Independent Student: student is self-armystelf-treat (initial below)         Independent Student: student is self-armystelf-treat (initial below)       Infegendent Student: student is self-armystelf-treat (initial below)         Independent Student: student is self-armystelf-treat (initial below)       Infegendent Student: student is self-armystelf-treat (initial below)         Independent Student: student is self-armystelf-treat (initial below)       Infegendent Student: student: student is self-armystelf-treat (initial below)         Independent Student: student: student: student is self-armystelf-treat (initial below)       Infegendent Student: student: student: student: student: student: student is self-armystelf-treat (initial below)         Independent Student: student: student: student: student is self-armystelf-treat (initial below)       Infegendent Student: st		-						
Student Skill Level (Select the most appropriate option):  Supervised Student: student administer treatment  Supervised Student: student is eff-treats under adult supervision Independent Student is eff-treats under adult supervision Independent Student: student is eff-treats with the ability to self-administer the prescribed treatment effectively during school, field trips, and school-sponsored events  Prectitioner** initiate  Diagnosis  I attest student demonstrated the ability to self-administer the prescribed treatment effectively during school, field trips, and school-sponsored events  Prectitioner** initiate  Diagnosis I is self-Imitted: I ves No I reatment required in school: Rote:Annount/Rate: Duration:Frequency/specific time(s) of administration: Premixing of medications and feedings by parents is no longer permissible for a nurse to administration: Premixing of medications and feedings by parents is no longer permissible for a nurse to administration: Premixing of medications and feedings by parents is no longer permissible for a nurse to administration: Premixing of medications and feedings by parents is no longer permissible for a nurse to administration: Premixing of medications and feedings by parents is no longer permissible for a nurse to administration: Premixing of medications and feedings by parents is no longer permissible for a nurse to administration: Premixing of medications and feedings by arents is no longer permissible for a nurse to administration: Premixing of medications and readings by parents is no longer permissible for a nurse to administration: Premixing of medications and feedings by arents is no longer permissible for a nurse to administration:		-		rd*				
and school-sponsored events Prectitioner's initials Diagnosis: Diagnosis: Concentration: Diagnosis is self-limited: Preding: Formula Name: Concentration: Frequency/specific time(s) of administration: Premixing of medications and feedings by parents is no longer permissible for a nurse to administer. Nurses may prepare and mix medications feedings for administration via G-ube as ordered by the child's primary medical provider. Fitush with	□ Nui □ Sui	rse-Depende pervised Stud	St nt Student: nurse must admin dent: student self-treats under ident: student is self-carry/self	udent Skill Lev ister treatment adult supervision -treat (initial below)	el (Select the most a	appropriate opti	ion):	
Practitioner's initials         Diagnosis is self-limited:       Yes         Diagnosis is self-limited:       Yes         1       Treatment required in school:         Concentration:						presented treating	lient enectively du	ning school, neid trips,
Diagnosis is self-limited:       Yes       No								
1. Treatment required in school:       Concentration:         Preding: Formula Name:       Amount/Rate: Duration:       Concentration:         Premixing of medications and feedings by parents is no longer permissible for a nurse to administration:	-							TO THE DIAGNOSIS)
		•		J No		· ⊔	· L	
Route:								
Premixing of medications and feedings by parents is no longer permissible for a nurse to administer. Nurses may prepare and mix medications feedings for administration via G-tube as ordered by the child's primary medical provider.                 Flush with								
Specify signs & symptoms:         Additional Instructions or Treatment:         Conditions under which treatment should not be provided:         Possible side effects/adverse reactions to treatment:         Emergency Treatment: Provide specific instructions for nurse (if one is assigned and present) in case of emergency, including adversereactions, including dislodgement or blockage of tracheostomy, or feeding tube:         Specific instructions for non-medical school personnel in case of adverse reactions, including dislodgement of tracheostomy or feeding tube:         Date(s) when treatment should be: Initiated: Terminated:         Health Care Practitioner         Last Name: First Name: First Name: Cell phone: Email:		Flush with Oxygen Ac	 Iministration: Amount (L):	mL	Defore feeding Route: Free	After feeding	e(s) of administratio	n:
<ul> <li>2. Conditions under which treatment should not be provided:</li> <li>3. Possible side effects/adverse reactions to treatment:</li> <li>4. Emergency Treatment: Provide specific instructions for nurse (if one is assigned and present) in case of emergency, including adversereactions, including dislodgement or blockage of tracheostomy, or feeding tube:</li> <li>5. Specific instructions for non-medical school personnel in case of adverse reactions, including dislodgement of tracheostomy or feeding tube:</li> <li>6. Date(s) when treatment should be: Initiated: Terminated: Terminated:</li></ul>					Route:Fre	equency/specific tir	ne(s) of administrat	ion:
<ul> <li>3. Possible side effects/adverse reactions to treatment:</li> <li>4. Emergency Treatment: Provide specific instructions for nurse (if one is assigned and present) in case of emergency, including adversereactions, including dislodgement or blockage of tracheostomy, or feeding tube:</li> <li>5. Specific instructions for non-medical school personnel in case of adverse reactions, including dislodgement of tracheostomy or feeding tube:</li> <li>6. Date(s) when treatment should be: Initiated: Terminated:</li> <li>Last Name: First Name: MD D D PA</li> <li>Address: Cell phone: Email:</li> </ul>		Additiona	I Instructions or Treatment:					
<ul> <li>4. Emergency Treatment: Provide specific instructions for nurse (if one is assigned and present) in case of emergency, including adversereactions, including dislodgement or blockage of tracheostomy, or feeding tube:</li> <li>5. Specific instructions for non-medical school personnel in case of adverse reactions, including dislodgement of tracheostomy or feeding tu</li> <li>6. Date(s) when treatment should be: Initiated: Terminated: Terminated: Health Care Practitioner</li> <li>Last Name: First Name: MD D D PA</li> <li>Address: Fax No: Cell phone: Email:</li> </ul>	<b>2.</b> C	onditions ur	nder which treatment shoul	d not be provided	:			
adversereactions, including dislodgement or blockage of tracheostomy, or feeding tube:  5. Specific instructions for non-medical school personnel in case of adverse reactions, including dislodgement of tracheostomy or feeding tu  6. Date(s) when treatment should be: Initiated: Terminated: Health Care Practitioner Last Name: First Name: First Name: On DO DO NP PA Address: Tel. No: Fax No: Cell phone: Email:	<b>3.</b> Po	ossible side	effects/adverse reactions	to treatment:				
6. Date(s) when treatment should be: Initiated: Terminated:         Health Care Practitioner         Last Name: MD DO NP PA         Address:         Tel. No: Fax No: Cell phone: Email:							case of emergen	cy, including
Last Name:	<b>5.</b> S	pecific instr	uctions for non-medical scl	nool personnel in	case of adverse reacti	ons, including dis	lodgement of trac	cheostomy or feeding tube:
Last Name:	<b>6.</b> D	ate(s) wher	n treatment should be: Initia	ated:	Terminate	ed: oner		
Address:								A
Tel. No:         Fax No:         Cell phone:         Email:								
							Email:	
	NYS Lice	nse No (Req	uired):	NPI No		Date:		

	``		
Practitioner's	Signat	ture:	

INCOMPLETE PRACTITIONER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS - FORMS CANNOT BE COMPLETED BY A RESIDENT Rev 2/22 PARENTS MUST SIGN PAGE 2 ->

## REQUEST FOR PROVISION OF MEDICALLY PRESCRIBED TREATMENT (NON-MEDICATION)

Provider Treatment Order Form | Office of School Health | School Year 2022–2023

Please return to school nurse. Forms submitted after June 1<sup>st</sup> may delay processing for new school year.

## PARENT/GUARDIAN READ, COMPLETE, AND SIGN: BY SIGNING BELOW, I AGREE TO THE FOLLOWING:

- 1. I consent to my child's medical supplies, equipment and prescribed treatments being stored and given at school based on directions from my child's health care practitioner.
- 2. I understand that:

OSIS Number

- I must give the school nurse my child's medical supplies, equipment and treatments.
- All supplies I give the school must be new, unopened, and in the original bottle or box. I will provide the school with current, unexpired supplies for my child's use during school days.

o Supplies, equipment and treatments should be labeled with my child's name and date of birth.

- I must **immediately** tell the school nurse about any change in my child's treatments or the health care practitioner's instructions.
- The Office of School Health (OSH) and its agents involved in providing the above health service(s) to my child are relying on the accuracy of the information in this form.
- By signing this form, I authorize OSH to provide health services to my child. These services may include but are not limited to a clinical assessment or a physical exam by an OSH health care practitioner or nurse.
- The treatment instructions/orders on this form expire at the end of my child's school year, which may include the summer session, or when I give the school nurse a new form (whichever is earlier). When this medication order expires, I will give my child's school nurse a new MAF written by my child's health care practitioner.
- This form represents my consent and request for the medical services described on this form. It is not an agreement by OSH to
  provide the requested services. If OSH decides to provide these services, my child may also need a Student Accommodation
  Plan. This plan will be completed by the school.
- For the purposes of providing care or treatment to my child, OSH may obtain any other information they think is needed about my child's medical condition, medication, or treatment. OSH may obtain this information from any health care practitioner, nurse, or pharmacist who has given my child health services.

## FOR SELF-TREATMENT (INDEPENDENT STUDENTS ONLY)

Premixing of medications and feedings by parents is no longer permissible for a nurse to administer. Nurses may prepare and mix medications and feedings for administration via G-tube as ordered by the child's primary medical provider.

Student Last Name:	First Name:	MI: Date	e of Birth:
School ATSDBN/Name:			
Borough: District:			
Parent/Guardian's Email:			
Telephone Numbers: Daytime:	Home:	Cell Phone*:	
Parent/Guardian's Name:	Parent/Guardian's Signature	Cell Phone*: Date Signed: Date Signed: her own. I consent to my child carrying, storing ble for giving my child these supplies and batments, and for all results of my child's self- on his/her own. I also agree to give the school	
		Date Signed:	
Alternate Emergency Contact:			
Name:	Relationship to Student:	ationship to Student: Contact Number: perform treatments on his or her own. I consent to my child form in school. I am responsible for giving my child these su of for monitoring my child's treatments, and for all results of ability to perform treatments on his/her own. I also agree to	
and giving him or herself, the treatments p equipment labeled as described above. I a treatment in school. The school nurse will	rescribed on this form in school. I am responsi m also responsible for monitoring my child's tr	ble for giving my child these s eatments, and for all results o s on his/her own. I also agree	supplies and if my child's self-

## FOR OFFICE OF SCHOOL HEALTH (OSH) USE ONLY

	· · · · · · · · · · · · · · · · · · ·						
Received by: Name:		Date: Reviewed by:			Date:		
504	🗌 IEP	Other		Referred to School 5	04 Coordinator:	🗌 Yes	🗌 No
Services provided by:	Nurse/NP	OSH Public Health	n Advisor (For su	pervised students only)	🗌 School Ba	sed Health	Center
Signature and Title (RN	OR SMD):			_ Date School Notified & Forn	n Sent to DOE Lia	iison:	
Revisions as per OSH co	ontact with prescribin	g health care practitioner:	□ Clarified	□ Modified			
*Confidential information	should not be sent b	oy e-mail.				FOR PRI	NT USE ONLY