Department of Education

GID POU SÈVIS SANTE AK AKOMODASYON POU SEKSYON 504 POU ELÈV KI NAN LEKÒL LETA VIL NOUYÒK

Ane lekòl 2025-2026

Pou tout paran ak founisè swen sante:

Depatman Edikasyon Vil Nouyòk(NYC Department of Education, NYCDOE) ak Biwo Sante Lekòl (Office of School Health, OSH) ap travay ansanm pou bay sèvis sante pou tout elèv ki gen bezwen sante espesyal. Si pitit ou a bezwen sèvis sante oswa akomodasyon dapre yon IEP oswa seksyon 504, lwa 1973 sou Reyabilitasyon an, ranpli fòm ki pou sa a nan pake sa a. OSH **mande** pou mete fòm pou bay medikaman ak/oswa tretman yo preskri a ajou chak ane lekòl.

Fòm sa yo disponib pou founisè swen sante pou ranpli yo si nesesè pou pitit ou. Tanpri asire w siyen tout fòm yo kote yo mande yo:

1. **FÒM POU BAY MEDIKAMAN (Medication Administration Forms, MAFs)** – Se doktè pitit ou a ki pou ranpli fòm sa a pou li ka resevwa medikaman ak tretman nan lekòl.
    - **Gen senk fòm MAF apa: opresyon; alèji; dyabèt, epilepsi ak fòm ki jeneral.**
    - Tanpri voye fòm ou fin ranpli yo bay enfimyè lekòl la/sant sante nan lekòl.
2. **Fòm pou bay tretman medikal yo preskri (ki pa medikaman)** – Se doktè pitit ou a ki pou ranpli fòm sa a pou mande pou pwosedi espesyal tankou bay manje nan tib, katetè, aspirasyon, etc. pou yo fèt nan lekòl la. Yo ka itilize fòm sa a pou tout tretman enfimyè ki konpetan bay.
    - Tanpri voye fòm ou fin ranpli yo bay enfimyè lekòl la/sant sante nan lekòl.
3. **Demand pou Seksyon 504 ak/oswa pou Akomodasyon medikal** – Ranpli fòm sa yo pou mande nouvo oswa sèvis sante modifye (ansanm ak MAF oswa Fòm pou tretman medikaman yo preskri a) oswa akomodasyon tankou itilizasyon asansè, akomodasyon pou fè tès, ak sèvis parapwofesyonèl.
    - **PA** itilize fòm sa yo pou mande sèvis ki ede avèk bezwen espesyal (related services) tankou terapi pou reyabilitasyon, terapi fizik, terapi pou diskou ak langaj (otofoni), oswa counseling.
    - Gen twa fòm yo dwe ranpli:
        - Demand Paran pou Akomodasyon 504 (pa obligatwa pou elèv ki gen IEP);
        - Otorizasyon pou divilge Enfòmasyon sou sante dapre HIPAA; ak
        - **Fòm demand Akomodasyon medikal (MARF)** ke founisè swen sante timoun lan ranpli Yo dwe ranpli fòm sa a pou tout elèv ki bezwen akomodasyon.
    - Tanpri voye fòm ou fin ranpli yo ba kowòdonatè plan 504 lekòl ou a oswa ba Ekip IEP a, jan sa apwopriye

Paran:

- Tanpri fè moun k ap bay swen sante pitit ou a ranpli fòm ou bezwen pou pitit ou a (tankou Fòm Tretman medikal yo preskri ak/oswa Fòm MAF).
- Yo dwe ranpli fòm MAFs ak Fòm Tretman chak ane **epi yo dwe voye yo bay enfimyè lekòl ou a/sant sante nan lekòl avan 1ye jen 2025 pou nouvo ane lekòl la. Fòm yo resevwa apre dat sa a ka gen reta pou yo apwouve yo.**
- Pou elèv ki gen IEP:
    - Yo dwe ranpli Fòm Demand Akomodasyon medikal lè yo ka bezwen yon chanjman nan sèvis la.
    - **Yo dwe voye fòm ke ekip IEP a dwe revize omwen yon mwa avan reyinyon IEP pitit ou.**
- Se sèlman estaf OSH ki travay nan lekòl la ki ka itilize Medikaman ki nan depo (Albuterol, Flovent, ak Epinefrin), epi sa toujou mande yon fòm MAF ki ranpli. Ou dwe voye pitit ou a avèk epinefrin, ponp opresyon ak lòt medikaman apwouve pitit ou a gen pou pran poukont li nan pwomnad lekòl la ak/oswa pwogram aprelekòl pou li ka genyen li disponib.
- **Tanpri asire w ou siyen do tout Fòm Tretman ak MAF, ki bay konsantman pou pitit ou a resevwa sèvis sa yo.**
- **Kole yon tifoto resan nan kwen goch anlè MAF la.**

Tanpri kontakte enfimyè lekòl pitit ou a, ekip IEP a (si sa aplikab) ak/oswa kowòdonatè 504 lekòl la si w gen nenpòt kesyon.

Moun k ap bay swen sante (Health Care Practitioners): tanpri gade do paj la. / Health Care Practitioners: please see back of page.

Department of Education

GUIDELINES FOR HEALTH SERVICES AND SECTION 504 ACCOMMODATIONS FOR STUDENTS IN NEW YORK CITY PUBLIC SCHOOLS

SCHOOL YEAR 2025-2026

Health Care Practitioner Instructions for Completion of the Medical Accommodations Request Form

Please follow these guidelines when completing the forms:

- Your patient may be treated by several health care practitioners. The health care practitioner completing the form should be the one treating the condition for which services are requested.
- This form must be completed by the student's licensed health care practitioner (MD, DO, NP, PA) who has treated the student and can provide clinical information concerning the medical diagnoses outlined as the basis for this request. Forms cannot be completed by the parent/guardian. Forms cannot be completed by a resident.

All requests for accommodations are based on medical necessity. Please ensure that your answers are complete and accurate. **All requests for medical accommodations will be reviewed by the Office of School Health (OSH) clinical staff, who will contact you if additional clarification is needed.**

  - There is a school nurse present in most DOE schools. Requests for 1:1 nursing will be reviewed on a case- by-case basis.
  - Please clearly type or print all information on this form. **Illegible, incomplete, unsigned or undated forms cannot be processed and will be returned to the student's parent or guardian.**
- Provide the full name and current diagnoses of clinical relevance for the student.
- Describe the impact of the diagnoses/symptoms, medical issues, and/or behavioral issues that may affect the student during school hours or transport, including limitations and/or interventions required.
- Include any documentation and test results for any specialty services or referrals relevant to the accommodations requested.
- **Only request services that are needed during school hours or other school-sponsored programs and activities**. Do not request medicine that can be given at home, before or after school hours.
- If a student requires medications or procedures to be performed, please complete and submit all relevant Medication Administration Forms (MAFs) and/or a Request for Medically Prescribed Treatment. The orders should be specific and clearly written. This allows the school nurse to carry it out in a clinically responsible way.
- Requests for alternative medicines will be reviewed on a case-by-case basis.
- Clearly print your name and include the valid New York State, New Jersey, or Connecticut license and NPI number.
- On the Medical Accommodations Request Form:
  - Please list the days and times that are best to contact you to provide further clarification of the request.
  - Please sign the attestation documenting that the information provided is accurate.
- Stock Epinephrine may be stored in the medical room, or in a common area for Pre-K. The student's prescribed Epinephrine would be transported with the student as indicated.

Student Skill Level: Students should be as self-sufficient as possible in school. Health Care Practitioners must determine whether the child is nurse-dependent, should be supervised, or is independent to take medicine or perform procedures.

- **Nurse-Dependent:** nurse must administer. Medicine is typically stored in a locked cabinet in the medical room.
- **Supervised:** self-administers, under adult supervision. The student should be able to identify their medicine, know the correct dose and when to take it, understand the purpose of their medicine, and be able to describe what will happen if it is not taken.
- **Independent:** can self-carry/self-administer. For students who are independent, please initial the attestation that the student is able to self-administer at school and during other school-sponsored programs and activities, including school trips. **Students are never allowed to carry controlled substances.**
- ***If no skill level is selected, OSH clinical staff will designate the student as nurse-dependent by default, until further advised by the student's health care practitioner.***

Thank you for your cooperation.