



健康服务及第504款特别照顾指引
适用于纽约市公立学校学生
2025-2026学年

致所有学生家长和保健专业人员：

纽约市教育局（DOE）和学校健康办公室（Office of School Health，简称OSH）共同合作，为有特殊健康需求的学生提供健康服务。如果您的子女需要个别教育计划或《1973年康复法案》第504条款规定的健康服务和特别照顾，请填写本材料中的表格。学校健康办公室**要求**每个学年都有最新的药物施用和/或处方治疗表格。

如果您子女需要的话，这些表格可供保健专业人员填写。请确保所有表格都在要求的地方签名：

1. **药物施用表（MAF）**：这一表格由您子女的保健专业人员填写，用于在学校接受医药或治疗服务。
 - 有五种不同的药物施用表：哮喘、过敏、糖尿病、癫痫及一般情况。
 - 请将填妥的表格交给学校护士/学校健康中心。
2. **医疗处方治疗（非药物）表（Medically Prescribed Treatment (Non-Medication) Form）**：这一表格由您子女的保健专业人员填写，用于要求在学校进行如胃管喂食插入、抽吸等程序。该表格可适用于所有需要技能的护理治疗。
 - 请将填妥的表格交给学校护士/学校健康中心。
3. **要求第504条款和/或医疗特别照顾**：除了药物施用表（MAF）或医疗处方治疗表格（Medically Prescribed Treatment Form）以外，请填写这些表格，以便要求**新的或修改了**的健康服务或特别照顾，例如电梯的使用、考试特别照顾和辅助专业人员服务。
 - **请勿**使用这些表格请求相关服务，例如职业治疗、物理治疗、言语和语言治疗或咨询。
 - 必须填写三种表格：
 - 家长申请504条款特别照顾（IEP学生不需要）；
 - 依照「医疗保险可移植性与责任法案」（HIPAA）披露健康信息授权书；以及
 - 由您子女的保健专业人员填写的「医疗特别照顾申请表」（**Medical Accommodations Request Form**，简称**MARF**）。凡是要求特别照顾的学生，应该填写这份表格。
 - 请将填妥的表格提交给学校的504协调员或IEP小组（如适用）。

家长：

- 请您子女的保健专业人员填写您子女所需的表格（如MAF和/或医疗处方治疗表格）。
- MAF和治疗表格必须每年填写，并**最迟应在2025年6月1日**提交给学校护士/学校健康中心，以备新学年之用。这一日期之后收到的表格可能延迟受理。
- 有IEP的学生：
 - 当可能需要更改服务时，必须填写医疗特别照顾申请表。
 - **需要IEP小组审查的表格必须在您子女IEP会议之前至少一个月提交。**
- 储存药物（沙丁胺醇，Flovent和肾上腺素）仅供学校OSH人员使用，而且仍然需要一份填妥的MAF。在学校外出参观日和/或学校资助的课后计划中，您必须让子女随身带上肾上腺素、哮喘药物吸入器以及其他任何获准的自我施用药物，以备您子女使用。
- **请确保您在所有MAF和治疗表格的背面签名，表示同意您子女接受这些服务。**
- 请在医疗表的左上角贴上一张近期拍摄的小照片。

如果您有任何问题，请找子女学校的护士、IEP小组（如果适用）及/或学校的504协调员。

保健专业人员：请参阅页面背面。

Health Care Practitioners: please see back of page.



**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.