



**SOG'LIQNI SAQLASH XIZMATLARI VA 504-BO'LIM TURAR JOYLARI BO'YICHA
QO'LLANMALAR NEW YORK CITY PUBLIC SCHOOLS (NYU-YORK SHAHRI
DAVLAT MAKTABLARI) DARAJASIDAGI TALABALAR UCHUN
MAKTAB YILI 2025-2026**

Barcha Ota-onalar va Sog'liqni saqlash Amaliyotchilari Uchun:

NYC Department of Education (Nyu-York Ta'lim Departamenti) (DOE) va Maktab sog'liqni saqlash boshqarmasi (OSH) maxsus sog'liqni saqlash ehtiyojlari bo'lgan talabalar ga tibbiy xizmatlar ko'rsatish uchun birgalikda ishlaydi. Farzandingiz IEP yoki 1973 yildagi Reabilitatsiya to'g'risidagi qonunning 504-bo'limiga muvofiq tibbiy xizmatlar yoki tibbiy turar joyga muhtoj bo'lsa, ushbu paketdagi tegishli shaklni to'ldiring. OSH **talab qiladi** har o'quv yilida dori-darmonlarni qabul qilish va/yoki belgilangan davolash shakllarini yangiladi.

Farzandingiz uchun kerak bo'lsa, ushbu shakllar sog'liqni saqlash amaliyotchilari tomonidan to'ldirishlari mumkin. Iltimos, barcha shakllar so'ralgan joyda imzolanganligiga ishonch hosil qiling:

- Dori-darmonlarni qabul qilish shakllari (MAFs)** – Ushbu shakl farzandingizning tibbiyot xodimi tomonidan maktabda dori-darmon yoki davolanish olish uchun to'ldiriladi.
 - **Beshta alohida MAFs mavjud: astma; allergiyalar; diabet; tutilishlar; va umum.**
 - Iltimos, to'ldirilgan shakllarni maktab hamshirasi/maktabdagi sog'liqni saqlash markaziga yuboring.
- Tibbiyot tomonidan tayinlangan davolash (dori-darmonsiz) shakli** – Ushbu shakl bolangizning tibbiy amaliyotchisi tomonidan maktabda o'tkaziladigan naycha bilan oziqlantirish, kateterizatsiya, assimilyatsiya qilish va hokazolarni talab qilish uchun to'ldiriladi. Ushbu formadan barcha malakali hamshiralik muolajalari uchun foydalanish mumkin.
 - Iltimos, to'ldirilgan shakllarni maktab hamshirasi/maktabdagi sog'liqni saqlash markaziga yuboring.
- 504-Bo'lim va/yoki Tibbiy Turar joy uchun So'rov** – So'rov uchun ushbu shakllarni to'ldiring **yangi yoki o'zgartirilgan** sog'liqni saqlash xizmatlari (MAF yoki tibbiy tavsiya etilgan davolash shakli bilan birga) yoki liftidan foydalanish, sinov turar joylari va paraprofessional xizmatlar kabi turar joy.
 - **YO'Q** ushbu shakllardan mehnat terapiyasi, jismoniy terapiya, nutq va til terapiyasi yoki maslahat kabi tegishli xizmatlarni so'rash uchun foydalanadimi.
 - To'ldirilishi kerak bo'lgan uchta shakl mavjud:
 - 504 turar joy uchun ota-onalar so'rovi (IEP bo'lgan talabalar uchun talab qilinmaydi);
 - HIPAA ga muvofiq sog'liqni saqlash ma'lumotlarini chiqarish uchun ruxsat; va
 - **Tibbiy Turar Joy Uchun So'rov Shakli (MARF)** bolaning sog'lig'i bo'yicha amaliyotchi tomonidan to'ldiriladi. Ushbu shakl turar joy talab qiladigan **barcha** talabalari uchun to'ldirilishi kerak.
 - Iltimos, mos ravishda maktabingizning 504 koordinatoriga yoki IEP guruhiga raqobatbardosh shakllarni yuboring

Ota-ona:

- Farzandingiz uchun zarur bo'lgan shakllarni (masalan, MAF va/yoki tibbiy ko'rsatuvchi davolash formasi) farzandingizning shifokoridan to'ldirishini so'rang.
- MAF va davolash formalari har yili to'ldirilishi kerak **va yangi maktab yili uchun 2025-yil 1-iyungacha maktab hamshirasi/maktabdagi sog'liqni saqlash markaziga topshirilishi kerak. Ushbu sanadan keyin olingan shakllar ishlov berishni kechiktirishi mumkin.**
- IEPs talabalar uchun:
 - Tibbiy turar joy so'rovi shakli xizmatni o'zgartirish zarur bo'lganda to'ldirilishi kerak.
 - **IEP guruhi tomonidan ko'rib chiqilishi kerak bo'lgan shakllar farzandingizning IEP yig'ilishidan kamida bir oy oldin topshirilishi kerak.**
- Stok dori-darmonlari (Albuterol, Flovent va Epinefrin) faqat maktabda OSH xodimlari tomonidan foydalanish uchun mo'ljallangan va hali ham to'ldirilgan MAF ni talab qiladi. Farzandingizning epinefrinini, astma inhalyatorini va boshqa tasdiqlangan dori-darmonlarni farzandingiz bilan maktabga sayohat kuni va/yoki maktab homiylik qiladigan maktabdan keyingi dasturlarga yuborishingiz kerak.
- **Iltimos, farzandingizga ushbu xizmatlarni olishga rozilik berib, har qanday MAF va davolash shakllarining orqa tomoniga imzo qo'yganingizga ishonch hosil qiling.**
- **MAF ning yuqori chap burchagiga kichik joriy rasmni biriktiring.**

Agar biron bir savolingiz bo'lsa, iltimos, farzandingizning maktab hamshirasi, IEP jamoasi (agar mavjud bo'lsa) va/yoki maktabning 504-koordinatori bilan bog'laning.

Sog'liqni saqlash Amaliyotchilari: iltimos, sahifaning orqasiga qarang.
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.