Mete foto elèv la la a

ASTHMA MEDICATION ADMINISTRATION FORM

FÒM POU DOKTÈ PRESKRI MEDIKAMAN | Biwo Sante Lekòl | Ane lekòl 2025–2026

Tanpri voye l tounen ba enfimyè/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: _____ Inisyal/Middle Initial: _____ Dat nesans: _____
Seks: ☐ Gason ☐ Fi Nimewo OSIS: _____ Distri DOE: _____ Klas: _____
Lekòl (mete: ATS DBN/Non, adrès ak borough): _____ Nivo klas/Salklas: _____

SE YON DOKTÈ KI POU RANPLI PI BA A / HEALTH CARE PRACTITIONERS COMPLETE BELOW

Diagnosis
☐ Asthma
☐ Other: _____

Control *(see NAEPP Guidelines)*
☐ Well Controlled
☐ Not Controlled / Poorly Controlled
☐ Unknown

Severity *(see NAEPP Guidelines)*
☐ Intermittent
☐ Mild Persistent
☐ Moderate Persistent
☐ Severe Persistent
☐ Unknown

Student Asthma Risk Assessment Questionnaire (Y = Yes, N = No, U = Unknown)

History of near-death asthma requiring mechanical ventilation	☐ Y	☐ N	☐ U	
History of life-threatening asthma (loss of consciousness or hypoxic seizure)	☐ Y	☐ N	☐ U	
History of asthma-related PICU admissions (ever)	☐ Y	☐ N	☐ U	
Received oral steroids within past 12 months	☐ Y	☐ N	☐ U	_____ times last: _____
History of asthma-related ER visits within past 12 months	☐ Y	☐ N	☐ U	_____ times last: _____
History of asthma-related hospitalizations within past 12 months	☐ Y	☐ N	☐ U	_____ times last: _____
History of food allergy or eczema, specify: _____	☐ Y	☐ N	☐ U	
Excessive Short Acting Beta Agonist (SABA) use (daily or > 2 times a week)?	☐ Y	☐ N	☐ U	

Home Medications (include over the counter) ☐ None

☐ Reliever: _____ ☐ Controller: _____ ☐ Other: _____

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
☐ I attest student demonstrated ability to self-administer the prescribed medication effectively during school, field trips, and school sponsored events. Practitioner's Initials: _____

Quick Relief In-School Medication

Individual spacers are provided by the school. Schools will only provide Albuterol MDI and Fluticasone 110 ucg

Emergency Plan: If in Respiratory Distress: call 911 and give albuterol 6 puffs: may repeat Q 20 minutes until EMS arrives!

Standard Albuterol Order: *Albuterol: Give 2 puffs Q4 prn cough, wheezing, difficulty breathing, chest tightness or shortness of breath*
Monitor for 20 mins or until symptom-free. If not symptom-free within 20 mins may repeat ONCE.

☐ **Pre-exercise**: Name:_____ Dose: _____puffs/ _____AMP 15-20 mins before exercise.

☐ **URI Symptoms/Recent Asthma Flare:**
Name:_____Dose: _____puffs/ _____AMP q _____hrs for ____ days when directed by PCP

Other Quick Relief Medication instead of Standard Albuterol Order: SMART/MART (ginasthma.org)
Administer medication for respiratory symptoms: cough, wheezing, difficulty breathing, chest tightness, or shortness of breath; if not symptom free in 20 minutes, may repeat ONCE.
The Standard Albuterol Order will be implemented if medication prescribed below is unavailable.

☐ Budesonide/formoterol **(provided by parent)**: Strength:_____ Dose: ☐ 1 puff ☐ 2 puffs every 4 hours PRN respiratory symptoms
☐ Albuterol with ICS: Albuterol 2 puffs plus Fluticasone 110 ucg 1 puff every 4 hours PRN respiratory symptoms.
☐ Albuterol with ICS: Albuterol: 2 puffs plus Fluticasone 110 ucg ____ puffs every 4 hours PRN respiratory symptoms.

Albuterol____ puffs + ICS **(provided by parent)** Name: _____ Strength _____ : ____ puffs every 4 hours PRN respiratory symptom
Special Instructions: _____

Controller Medications for In-School Administration (Recommended for Persistent Asthma, per NAEPP Guidelines)

☐ Fluticasone [*Only Fluticasone® 110 mcg MDI is provided by school for shared usage*] ☐ Stock ☐ Parent Provided
Standing Daily Dose: ___ puff(s) ☐ one OR ☐ two time(s) a day Time: _____ AM and _____ PM
☐ Symbicort (provided by parent). Standing Daily Dose: ___ puff(s) ☐ one OR ☐ two time(s) a day Time: _____ AM and _____ PM
Special Instructions: _____
☐ Other ICS (provided by parent) Standing Daily Dose:
Name: _____ Strength: _____ Dose: ___ Route: _____ Frequency: ☐ one or ☐ two time(s) a day Time: _____ AM and _____ PM

Health Care Practitioner

Last Name (Print): _____ First Name (Print): _____ Please check one: ☐ MD ☐ DO ☐ NP ☐ PA
Signature: _____ Date: _____ NYS License # (Required): _____ NPI #: _____
Completed by Emergency Department Medical Practitioner: ☐ Yes ☐ No (ED Medical Practitioners will not be contacted by OSH/SBHC Staff)
Address: _____ Email address: _____
Telephone: _____ FAX: _____ Cell Phone: _____

CDC and AAP strongly recommend annual influenza vaccination for all children diagnosed with asthma.

INCOMPLETE PRACTITIONER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS Rev 6/25
FORMS CANNOT BE COMPLETED BY A RESIDENT

PARAN DWE SIYEN PAJ 2 /PARENTS MUST SIGN PAGE 2 ➔

ASTHMA MEDICATION ADMINISTRATION FORM

PRESKRIPSYON DOKTÈ POU MEDIKAMAN KONT OPRESYON | Biwo Sante Lekòl | Ane lekòl 2025–2026

Tanpri voye l tounen ba enfimyè/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:

1. 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.
2. Mwen konprann ke:
   - Mwen dwe bay enfimyè/Sant sante ki nan lekòl la (SBHC) medikaman ak ekipman pitit mwen an tankou ponp ki pa gen albitewòl (non-albuterol).
   - **Tout medikaman sou 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) kantite dòz,8) lè pou li pran l, 9) kòman pou li pran medikaman an ak 10) nenpòt lòt eksplikasyon.
   - Mwen sètifye/konfime mwen pale avèk doktè pitit mwen an epi mwen bay konsantman m pou Biwo sante lekòl (Office of School Health, (OSH) ba pitit mwen an medikaman ki disponib nan lekòl la nan ka kote medikaman kont opresyon pitit mwen an pa ta disponib.
   - Mwen dwe di enfimyè/founisè lekòl la imedyatman nenpòt chanjman ki genyen nan medikaman pitit mwen an oswa nan eksplikasyon doktè k ap trete l.
   - 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, mwen otorize Biwo sante lekòl (Office of School Health, OSH) pou 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 enfimyè OSH fè.
   - Preskripsyon 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 enfimyè lekòl la/founisè a yon nouvo fòm MAF (kèlkeswa sa ki rive avan an).
   - Lè preskripsyon medikaman sa a ekspire, m ap bay enfimyè/founisè lekòl pitit mwen an yon nouvo fòm MAF ke doktè pitit mwen an ap ekri. Si w pa fè sa, yon doktè OSH ka konsilte pitit mwen an sofsi mwen bay enfimyè lekòl la yon lèt ki di mwen pa vle yon ajan sante OSH konsilte pitit mwen an. Doktè OSH la ka evalye sentòm opresyon an ak efè medikaman yo preskri kont opresyon an sou pitit mwen an. Doktè OSH la ka deside si preskripsyon medikaman yo pral rete menm jan oswa si yo bezwen chanje yo. Doktè OSH a ka ranpli yon nouvo fòm MAF pou pitit mwen an ka kontinye resevwa sèvis sante nan OSH. Doktè m lan oswa Doktè OSH la p ap bezwen siyati m pou l ekri lòt fòm MAF pou opresyon alavni. Si doktè OSH la ranpli yon nouvo fòm MAF pou pitit mwen an, doktè OSH a pral eseye enfòme mwen menm ak doktè pitit mwen an.
   - Fòm sa a reprezante konsantman mwen ak demann mwen fè pou sèvis opresyon yo dekri nan fòm sa a, epi yo ka voye l dirèkteman bay OSH. 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 nesesè sou pwoblèm medikal pitit mwen an, medikaman l ap pran oswa tretman l suiv. OSH ka pran enfòmasyon sa a nan men nenpòt doktè, enfimyè oswa famasyen ki bay pitit mwen an sèvis.

SONJE: Si ou chwazi pou itilize medikaman ki nan estòk nan lekòl la, ou dwe voye ponp opresyon, epinephrine pitit ou a ak lòt medikaman apwouve nan pwomnad lekòl la ak/oswa nan pwogram aprelekòl. Medikaman ki nan estòk lekòl yo se sèlman estaf OSH ki nan lekòl la ki pou itilize yo.

POU ELÈV KI KA PRAN MEDIKAMN 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 yo preskri nan fòm sa a nan lekòl la. 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. Enfimyè/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:_____ Dezyèm 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:_____

Selilè paran/responsab:_____ Lòt telefòn_____

Non/relasyon lòt moun yo ka kontakte pou ijans:_____

Telefòn lòt moun yo ka kontakte pou ijans lan: _____

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 Counselor: ☐ Yes ☐ No

Services provided by: ☐ Nurse/NP ☐ OSH Public Health Advisor (for supervised students only)
☐ School Based Health Center ☐ OSH Asthma Case Manager (for supervised students only)

Signature and Title (RN or MD/DO/NP): _____

Revisions per Office of School Health after consultation with prescribing practitioner: ☐ Clarified ☐ Modified