Mete foto elèv la la a

MEDICALLY PRESCRIBED TREATMENT (NON-MEDICATION) FORM

Fòm preskripsyon doktè pou bay tretman | 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:_____ 2yèm non: _____ Dat nesans: _____

Sèks: ☐ Gason ☐ Fi Nimewo OSIS: _____ Nivo klas: _____ Klas: _____

Lekòl (mete ATSDBN non, nimewo, adrès ak borough): _____ Distri DOE: _____

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

ONE ORDER PER FORM (make copies of this form for additional orders).
Attach prescription(s) / additional sheet(s) if necessary to provide requested information and medical authorization.

☐ Blood Pressure Monitoring
☐ Chest Clapping/Percussion
☐ Clean Intermittent Catheterization: Cath Size _____ Fr.
☐ Central Line/PICC Line
☐ Dressing Change
☐ Feeding: Cath Size _____ Fr.
  ☐ Nasogastric ☐ G-Tube ☐ J-Tube
  ☐ Bolus ☐ Pump ☐ Gravity
  ☐ Spec./Non-Standard*
☐ Feeding Tube replacement if dislodged - specify in #5
☐ Oral / Pharyngeal Suctioning: Cath Size _____ Fr.
☐ Ostomy Care
☐ Oxygen Administration - specify in #1, including pulse oximetry
☐ Postural Drainage
☐ Pulse Oximetry – specify in #1
☐ Trach Care: Trach. Size _____
☐ Trach Replacement - specify in #5
☐ Trach suctioning: Cath Size _____ Fr
☐ Other: _____

Student will also require treatment: ☐ during transport ☐ on school-sponsored trips ☐ during afterschool programs

Student Skill Level (select the most appropriate option):
☐ Nurse-Dependent Student: nurse must administer treatment
☐ Supervised Student: student self-treats, under adult supervision
☐ Independent Student: student is self-carry/self-treat
  ☐ I attest student demonstrated ability to self-administer the prescribed treatment effectively during school, field trips, and school sponsored events. Practitioner's Initials: _____

Diagnosis: _____
Diagnosis is self- limited: ☐ Yes ☐ No

Enter ICD-10 Codes and Conditions (RELATED TO THE DIAGNOSIS)
☐ ____._____ ☐ ____._____ ☐ ____._____

1. Treatment required in school:

☐ **Feeding:** Formula Name: _____ Concentration: _____
Route: _____ Amount/Rate: Duration: _____ Frequency/specific time(s) of administration: _____
***Per the New York State Education Department, nurses are not permitted to administer premixed medications and feedings. Nurses may prepare and mix medications and feedings for administration via G-tube as ordered by the child's primary medical provider.**

☐ **Flush** with _____ mL _____ ☐ Before feeding ☐ After feeding

☐ **Oxygen Administration:** Amount (L): _____ Route: _____ Frequency/specific time(s) of administration: _____
☐ pm ☐ O2 Sat < _____ % Specify signs & symptoms:

☐ **Other Treatment:** Treatment Name: _____ Route: _____ Frequency/specific time(s) of administration: _____
Specify signs & symptoms:

☐ **Additional Instructions or Treatment:**

2. Conditions under which treatment should not be provided:

3. Possible side effects/adverse reactions to treatment:

4. Emergency Treatment: Provide specific instructions for clinical personnel (if present) in case of emergency or adverse reactions, 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 tube:

6. Date(s) when treatment should be: Initiated: _____ Terminated: _____

Health Care Practitioner

Last Name (Print): _____ First Name (Print): _____ Please check one: ☐ MD ☐ DO ☐ NP ☐ PA

Signature: _____ Date: _____ NYS License # (Required): _____ NPI #: _____

Address: _____ Email address: _____

Telephone: _____ FAX: _____ Cell Phone: _____

INCOMPLETE PRACTITIONER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS Rev 3/25
FORMS CANNOT BE COMPLETED BY A RESIDENT

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

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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/founisè swen sante pitit mwen an bay.
2. Mwen konprann ke:
   - Mwen dwe bay enfimyè/founisè Sant sante ki nan lekòl la (SBHC) materyèl, ekipman medikalk ak tretman pitit mwen an.
   - **Tout materyèl mwen bay lekòl la fèt pou nèf, kachte nan bwat oswa boutèt orijinal la. M ap bay lekòl la ekipman ki resan, ki pa ekspire pou pitit mwen itilize pandan jounen lekòl la.**
     - Materyèl, ekipman ak tretman yo dwe make ak non, dat nesans pitit mwen an sou yo.
   - Mwen dwe **imedyatman** di enfimyè lekòl la/founisè SBHC a nenpòt chanjman ki genyen nan tretman pitit mwen an oswa nan eksplikasyon doktè k ap trete l.
   - Biwo sante nan lekòl (Office of School Health, 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 sa a, mwen otorize 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.
   - Lòd/eksplikasyon pou bay tretman ki sou fòm sa a ekspire nan fen ane lekòl pitit mwen an, ki ka gen ladan tou sesyon ete, oswa lè mwen bay enfimyè lekòl la yon nouvo fòm MAF(kèlkeswa sa ki rive avan an). Lè preskripsyon medikaman sa a ekspire, m ap bay enfimyè/founisè SBHC lekòl pitit mwen an yon nouvo fòm MAF ke doktè pitit mwen an ap ekri.
   - Fòm sa a reprezante konsantman m ak demann mwen fè pou sèvis medikal yo dekri sou fòm sa a epi mwen 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.

Dapre Depatman Edikasyon Eta Nouyòk, enfimyè yo pa gen pèmisyon pou yo bay medikaman ak alimantasyon ki deja melanje. Enfimyè ka prepare ak melanje medikaman ak manje pou yo bay nan G-tube jan doktè fanmi an rekòmande l la.

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 fè tretman yo poukont li. Mwen dakò pou pitit mwen an pote, konsève ak fè poukont li tretman yo preskri nan fòm sa a nan lekòl la ak nan pwomnad. Mwen gen responsablite pou bay pitit mwen an materyèl ak ekipman sa yo ak etikèt, jan yo dekri sa pi wo a. Mwen gen responsablite tou pou m sipèvize tretman pitit mwen an ak pou tout konsekans ki genyen nan bay tèt li tretman poukont li. Enfimyè lekòl la/founisè SBHC a pral konfime kapasite pitit mwen an pou l fè tretman poukont li. Mwen dakò tou pou bay lekòl la ekipman oswa materyèl "an rezèv" ki make byen klè sizoka pitit mwen an pa ka bay tèt li tretman poukont li.

Siyati elèv la:_____ **Non:**_____ **Inisyal dezyèm non:**____ **Dat nesans:** _____

Non/ATSDBN lekòl la: _____ Borough: _____ Distri: _____

Imèl paran/responsab la: _____ **Adrès paran/responsab:** _____

Nimewo telefòn: Lajounen: _____ **Kay:** _____ **Sèlilè:***: _____

Non paran/responsab: _____ **Siyati paran/responsab** _____

Lòt non moun nou ka kontakte lè gen ijans:

Non: _____ Lyen avèk elèv la: _____ Nimewo pou kontakte w: _____

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

Signature and Title (RN or SMD): _____ Date School Notified & Form Sent to DOE Liaison: _____

Revisions per OSH contact with prescribing health care practitioner: ☐ Clarified ☐ Modified

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