



FÒM POU BAY MEDIKAMAN KONT ALÈJI/ANAPHYLAXIS

Fòm preskripsyon medikaman pou doktè | Biwo sante lekòl | Ane lekòl 2026-2027

Tanpri voye l tounen ba enfimiyè/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 elèv la: _____ 2yèm non elèv la: _____ Dat nesans: _____
Seks: Gason Fi Nimewo OSIS: _____ Klas: _____ Klas: _____ Distri DOE: _____
Lekòl (mete non, nimewo, adrès ak borough): _____

HEALTH CARE PRACTITIONERS COMPLETE BELOW

Specify Allergies: _____

History of asthma? Yes (If yes, student has an increased risk for a severe reaction; complete the Asthma MAF for this student)
 No

Does this student have the ability to: Self-manage (See 'Student Skill Level' below) Yes No
Recognize signs of allergic reactions Yes No
Recognize and avoid allergens independently Yes No

Select In-School Medications

SEVERE ALLERGIC REACTION

A. Immediately administer epinephrine ordered below, then call 911.

Weight: _____ kg

Injectable (IM) 0.1 mg 0.15 mg 0.3 mg

Intranasal 1 mg 2 mg

Give epinephrine for any of the following signs and symptoms:

- Shortness of breath, wheezing, or coughing
- Pale or bluish skin color
- Weak pulse
- Many hives or redness over body
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Lip or tongue swelling that bothers breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Feeling of doom, confusion, altered consciousness or agitation

Other signs and/or symptoms: _____

If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____

Even if child has MILD signs/symptoms after a sting or eating these foods, give epinephrine and call 911.

B. If no improvement, or if signs/symptoms recur, repeat in _____ minutes for maximum of _____ times (not to exceed a total of 3 doses, do not enter ranges)

If this box is checked, give antihistamine after epinephrine administration (order antihistamine below)

Student Skill Level (select the most appropriate option):

Nurse-Dependent Student: nurse/trained staff 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: _____

MILD ALLERGIC REACTION (parent must supply medicine for use in medical room) Note: if more than one oral medication is prescribed, this will be given first

Give for any of the following sign and symptoms • few hives • itchy mouth/nose/skin • mild nausea

SELECT ONE:

Cetirizine Preparation/Concentration: _____ Dose: _____ PO Q24 hours pm

Diphenhydramine Preparation/Concentration: _____ Dose: _____ PO Q4 hours pm Q6 hours pm

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: _____

OTHER ALLERGY MEDICATION: Give in addition to as alternative to the medication above

• Give Name: _____ Preparation/Concentration: _____ Dose: _____ PO Q _____ hours pm

Specify signs, symptoms, or situations: _____

If no improvement, indicate instructions: _____

Conditions under which medication should not be given: _____

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: _____

Home Medications (include over the counter) None

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: _____

SI AJAN SANTE A PA METE TOUT ENFÒMASYON YO MANDE YO SOU FÒM LAN, YO KA PA KA KÒMANSE BAY MEDIKAMAN AN ATAN Rev 2/ 26
YON REZIDAN DOKTÈ PA KA RANPLI FÒM SA A **PARAN DWE SIYEN PAJ 2 A**

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PARAN/RESPONSAB: LI, RANPLI AK SIYEN. LÈ M SIYEN PI BA A, MWEN DAKÒ AVÈK BAGAY SA YO:

- 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.
- Mwen konprann:**
 - Mwen dwe bay enfimiyè/founisè Sant sante ki nan lekòl la (SBHC) medikaman ak ekipman pitit mwen an. M ap eseye bay lekòl la plim epinephrine ansanm ak egui retraktab yo.
 - Tout medikaman sou preskripsyon ak tout medikaman "ki vann san preskripsyon (over-the-counter)" fèt pou nèf, kachte nan bwat oswa boutèy orijinal la. M ap bay lekòl la ekipman 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 (refill), **6)** non medikaman an, **7)** dozaj, **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 nan lekòl (Office of School Health, OSH) ba pitit mwen an medikaman ki disponib nan lekòl la nan ka kote medikaman kont opresyon oswa epinephrine pitit mwen an pa ta disponib.
 - Mwen dwe imedyatman di enfimiyè lekòl la/founisè SBHC a nenpòt chanjman ki genyen nan medikaman pitit mwen an oswa 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 prezizyon 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 OSH 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 enfimiyè OSH fè.
 - 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 enfimiyè lekòl la / founisè SBHC a yon nouvo fòm MAF (kèlkeswa sa ki rive avan an). Lè preskripsyon medikaman sa a ekspire, m ap bay enfimiyè/founisè SBHC lekòl pitit mwen an yon nouvo fòm MAF doktè pitit mwen an ap ekri.
 - Fòm sa a reprezante konsantman m ak demand mwen fè pou sèvis medikaman yo dekrè 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 nesèsè sou pwoblèm medikal pitit mwen an, medikaman l ap pran oswa tretman l ap suiv. OSH ka pran enfòmasyon sa a nan men nenpòt doktè, enfimiyè oswa famasyon 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 li gen pou pran lè pwomnad lekòl la ak/oswa nan pwogram aprelekòl. Estaf OSH itilize sèlman medikaman ki stoke nan lekòl 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 pran medikaman poukont li. Mwen dakò pou pitit mwen an pote, konsève ak bay tèt li medikaman yo preskri l nan fòm sa a nan lekòl ak nan pwomnad. Mwen gen responsablite pou bay pitit mwen an medikaman sa a nan boutèy oswa nan bwat yo jan yo dekrè sa pi wo a. Mwen gen responsablite pou m sipèvizite itilizasyon medikaman pitit mwen an, ak pou tout konsekans ki genyen nan itilizasyon medikaman pitit mwen an pran nan lekòl la. Enfimiyè/founisè 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.
- Mwen dakò pou enfimiyè lekòl la oswa manm estaf ki resevwa trening bay pitit mwen an epinephrine si li pa kapab pote ak pran yo poukont li pou yon ti tan.

Siyati elèv la: _____ Non: _____ Inisyal 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 la: _____ Lòt telefòn: _____

Non lòt kontak pou ijans/Lyen: _____

Telefòn lòt moun yo ka kontakte pou ijans lan: _____

For Office of School Health (OSH) Use Only

OSIS Number: _____ Received By – Name: _____ Date: _____

504 IEP Other : _____ Reviewed by – Name: _____ Date: _____

Referred to School 504 Coordinator: 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 Office of School Health after consultation with prescribing practitioner: Clarified Modified