



FÒM POU BAY MEDIKAMAN KONT OPRESYON

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 pwosis 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 ATS DBN non, nimewo, adrès ak borough): _____

HEALTH CARE PRACTITIONERS COMPLETE BELOW

Diagnosis Asthma Other: _____
Severity (see NAEPP Guidelines) Intermittent Mild Persistent Moderate Persistent Severe Persistent Unknown
Control (see NAEPP Guidelines) Well Controlled Not Controlled / Poorly Controlled Unknown

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

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

Home Medications (include over the counter) None

Reliever: Albuterol Budesonide/formoterol Other: _____
 Controller: Albuterol Budesonide/formoterol Other: _____
 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

- **Emergency Plan: If in Respiratory Distress: call 911 and give albuterol 6 puffs: may repeat Q 20 minutes until EMS arrives!**
- **Individual spacers are provided by the school. Schools will only provide Albuterol MDI and Fluticasone 110 ucg**
- Standard Albuterol Order: 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: Albuterol Budesonide/formoterol
Dose: _____ puffs/ _____ AMP 15-20 mins before exercise PRN _____

URI Symptoms/Recent Asthma Flare: Albuterol Budesonide/formoterol
Dose: _____ puffs/ _____ AMP q _____ hrs prn symptoms for _____ days or as per PCP's Special Instructions/Other Orders below

Other Anti-inflammatory Reliever 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 mcg _____ puffs every 4 hours PRN respiratory symptoms.

Albuterol _____ puffs + ICS (provided by parent) Name: _____
Strength: _____ Dose _____ puffs every 4 hours PRN respiratory symptoms

Albuterol or other Quick-Relief Medication: Name: _____
Strength: _____ Dose _____ puffs/AMP: _____ every _____ hours PRN respiratory symptoms

Special Instructions/Other Orders:

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

Stock Fluticasone 110 mcg will be used if prescribed medication below is not available.

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

Budesonide/formoterol (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.

YON DOKTÈ REZIDAN PA KA RANPLI FÒM YO Rev2/26

SI AJAN SANTE A PA METE TOUT ENFÒMASYON YO MANDE YO SOU FÒM LAN, YO KA PA KA KÒMANSE BAY MEDIKAMAN AN ATAN

PARAN DWE SIYEN PAJ 2 A

FÒM POU BAY MEDIKAMAN KONT OPRESYON

Fòm demand pou bay medikaman kont opresyon | Biwo Sante Lekòl | Ane lekòl 2026-2027

Tanpri voye l tounen ba enfimye/Sant sante ki nan lekòl la. Fòm yo resevwa apre 1ye jen ka retade pwosis pou nouvo ane lekòl la.

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 enfimye/Sant sante (SBHC) ki nan lekòl la medikaman ak ekipman pitit mwen an tankou ponp ki pa gen albitewòl (non-albuterol).
 - 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(refills), 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 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 enfimye/founisè SBHC lekòl la **imedyatman** nenpòt chanjman ki genyen nan medikaman 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 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 enfimye 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 enfimye lekòl la / founisè SBHC a yon nouvo fòm MAF (kèlkeswa sa ki rive avan an).
 - Lè preskripsyon medikaman sa a ekspire, m ap bay enfimye/founisè SBHC lekòl pitit mwen an yon nouvo fòm MAF doktè pitit mwen an ap ekri. Si sa pa fèt, yon doktè OSH/SBHC ka konsilte pitit mwen an sofsi mwen bay enfimye/SBHC lekòl la yon lèt ki di mwen pa vle yon ajan sante OSH/ SBHC 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 a ka deside si preskripsyon medikaman yo pral rete menm jan oswa si yo bezwen chanje yo. Doktè OSH la 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 alavni. Si doktè OSH la ranpli yon nouvo fòm MAF pou pitit mwen an, doktè OSH la pral eseye enfòm mwen menm ak doktè pitit mwen an.
 - Fòm sa a reprezante konsantman m ak demand mwen fè pou sèvis medikaman 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 ap suiv. OSH ka pran enfòmasyon sa a nan men nenpòt doktè, enfimye 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 dekri sa pi wo a. Mwen gen responsablite pou m sipèvize itilizasyon medikaman pitit mwen an, ak pou tout konsekans ki genyen nan itilizasyon medikaman pitit mwen an pran nan lekòl la. Enfimye/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: _____ 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 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