



# FÒM POU BAY MEDIKAMAN KONT KRIZ EPILEPSI

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: \_\_\_\_\_  
Sèks:  Gason  Fi Nimewo OSIS: \_\_\_\_\_ Klas: \_\_\_\_\_ Klas: \_\_\_\_\_ Distri DOE: \_\_\_\_\_  
Lekòl (mete non, nimewo, adrès ak borough): \_\_\_\_\_

## HEALTH CARE PRACTITIONERS COMPLETE BELOW

### Diagnosis/Seizure Type: (check all that apply)

- Localization related (focal) epilepsy  Primary generalized  Secondary generalized  Childhood/juvenile absence  
 Myoclonic  Infantile spasms  Non-convulsive seizures  Other (please describe below)

Seizure Type	Duration	Frequency	Presentation/Description	Triggers/Warning Signs/Pre-Ictal Phase

Post-ictal presentation:

**Seizure History:** Describe history & most recent episode (date, trigger, pattern, duration, treatment, hospitalization, ED visits, etc.):

H/O Status Epilepticus?  No  Yes Has student had surgery for epilepsy?  No  Yes – Date: \_\_\_\_\_ Well Controlled?  Non  Wi

### TREATMENT PROTOCOL DURING SCHOOL:

#### A. Emergency Medication(s) (list in order of administration) [Nurse must administer] ; CALL 911 immediately after administration

Name of Medication	Concentration/Preparation	Dose	Route	Administer After	Side Effects/Specific Instructions
<input type="checkbox"/> diazepam				<input type="checkbox"/> 3 min <input type="checkbox"/> 5 min <input type="checkbox"/> _____ min	
<input type="checkbox"/> midazolam				<input type="checkbox"/> 3 min <input type="checkbox"/> 5 min <input type="checkbox"/> _____ min	

#### B. In-School/Routine Medications

##### 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: \_\_\_\_\_

Name of Medication	Concentration/Formulation	Dose	Route	Frequency or Time	Side Effects/Specific Instructions

#### C. Does student have a Vagal Nerve Stimulator (VNS)? (any trained adult can administer) No Yes, If YES, describe magnet use:

- Swipe magnet  immediately  within \_\_\_\_\_ min; if seizure continues, repeat after \_\_\_\_\_ min \_\_\_\_\_ times; Give emergency medication after \_\_\_\_\_ min and call 911.

#### Activities:

Adaptive/protective equipment (e.g., helmet) used?  No  Yes  
 Gym/physical activity participation restrictions?  No  Yes - If YES, please complete the Medical Request for Accommodations Form

#### Other:

- 504 Accommodations requested (e.g., supervision for swimming)?  Yes (attach form)  No

Home Medication(s) <input type="checkbox"/> None	Dosage, Route, Directions	Side Effects / Specific Instructions

Other special instructions:

#### 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

# FÒM POU BAY MEDIKAMAN KONT KRIZ EPILEPSI

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.

## 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.
  - 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 gen yon lòt medikaman pou pitit mwen pran lè li pa lekòl oswa lè li nan yon pwomnad lekòl.
    - Medikaman ki vann sou preskripsyon yo fèt pou gen etikèt **orijinal** famasi a sou bwat la oswa bwatèy 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 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.
  - Yo pa pèmèt okenn elèv pote oswa pran dwòg ilegal poukont yo.
  - 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 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 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 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.
  - 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.
  - Mwen konprann se sèlman yon enfimiyè oswa yon lòt founisè medikal ki gen sètifye ki kapab bay medikaman nan ka ijans pou kriz, ladan medikaman intranazal, dapre règleman eta Nouyòk.

**SONJE: Li pi bon si w voye medikaman ak ekipman pou pitit ou a nan jou yon pwomnad lekòl ak nan aktivite k ap fèt andeyò lokal lekòl la.**

## POU BAY TÈT MWEN MEDIKAMAN KI PA IJAN (ELÈV 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. Enfimiyè oswa 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.

Siyati elèv la: \_\_\_\_\_ Non: \_\_\_\_\_ Inisyal dezyèm non: \_\_\_\_\_  
DAT NESANS (mwa/jou/ane) : \_\_\_\_\_  
Non/nimewo lekòl la : \_\_\_\_\_ Borough: \_\_\_\_\_ Distri: \_\_\_\_\_  
Non paran/responsab (ekri byen klè): \_\_\_\_\_ Imèl paran/responsab la: \_\_\_\_\_  
Siyati paran/responsab: \_\_\_\_\_ Dat fòm lan siyen: \_\_\_\_\_  
Adrès paran/responsab: \_\_\_\_\_  
Nimewo telefòn: Lajounen: \_\_\_\_\_ Kay: \_\_\_\_\_ Sèlilè: \_\_\_\_\_  
Lòt non moun nou ka kontakte lè gen ijans  
Non: \_\_\_\_\_ Lyen avèk elèv la: \_\_\_\_\_ Nimewo telefòn: \_\_\_\_\_

### 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