

**DEMANN POU PÈMÈT YON ELÈV RESEVWA TRETMAN DOKTÈ  
REKÒMANDE L POU ANE ESKOLÈ 2009-2010  
(PA POU L PRAN MEDIKAMAN)**

Se pou DOE ak DOHMH sèlman  
FOR DOE/DOHMH USE:  
 504     IEP     OTHER

Non elèv : Siyati : \_\_\_\_\_ Non : \_\_\_\_\_ Inisyal dezyèm non : \_\_\_\_\_

Gason : \_\_\_\_\_ Fi : \_\_\_\_\_ Dat li fèt (mwa/jou/ane) : \_\_\_\_\_ Nimewo idantite I : \_\_\_\_\_

Borough : \_\_\_\_\_ Distri : \_\_\_\_\_ Lekòl : \_\_\_\_\_ Klas : \_\_\_\_\_ Kou : \_\_\_\_\_

Adrès lekòl la : \_\_\_\_\_ Kòd postal : \_\_\_\_\_

**Part I: Physician's Statement/Order**

(Attach prescription(s)/additional sheet(s) if necessary to provide requested information and medical authorization).

**Clean Intermittent Catheterization  
Central Venous Line  
Gastrostomy Feeding  
Naso-Gastric Feeding**

**Tracheostomy Care  
Oral/Pharyngeal Suctioning  
Oxygen Administration  
Ostomy Care**

**Chest Clapping  
Percussion  
Postural Drainage  
Dressing Change**

**Other** \_\_\_\_\_

1. Diagnosis \_\_\_\_\_

2. Treatment required in school \_\_\_\_\_

3. Specific instructions for providing treatment \_\_\_\_\_

4. Frequency/time to be provided \_\_\_\_\_

5. Conditions under which treatment should not be provided \_\_\_\_\_

6. Date(s) when treatment should be initiated \_\_\_\_\_ terminated \_\_\_\_\_

7. Possible side effects/adverse reactions to treatment \_\_\_\_\_

8. Specific instructions for non-medical school personnel in case of adverse reactions \_\_\_\_\_

9. Specific instructions for nurse (if one is assigned and present) in case of adverse reactions \_\_\_\_\_

10. Diagnosis is substantially controlled with provision of medically prescribed treatment Yes \_\_\_\_\_ No \_\_\_\_\_

11. Diagnosis is self-limited Yes \_\_\_\_\_ No \_\_\_\_\_

Physician's Name (Print) \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician/Clinic's Address \_\_\_\_\_

NYS Registration No. \_\_\_\_\_

Date Signed \_\_\_\_\_

Zip Code \_\_\_\_\_

Physician/Clinic's Telephone No. \_\_\_\_\_

Physician/Clinic's Fax No. \_\_\_\_\_

**(Se pou DOE ak DOHMH sèlman) FOR DOE/DOHMH USE : Revisions as per DOE/ DOHMH contact with prescribing physician**

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\_\_\_\_\_

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**FÒMALITE POU BAY SWEN MEDIKAL KI REKÒMANDE :  
KONSANTMAN AK OTORIZASYON PARAN OUBYEN GADYEN LEGAL BAY  
Ane eskolè 2009/10**

Nan dokiman sa a, m ap bay otorizasyon pou yo founi pitit mwen an tretman medikal doktè pitit mwen an rekòmande nan preskripsyon mwen voye ak dokiman sa a. Mwen rekonèt mwen dwe founi tout ekipman ak medikaman nesèsè, epi tou mwen dwe avèti imedyatman direktè lekòl la oswa reprezantan li (yo) espesyalman enfimyè lekòl la lè gen nenpòt chanjman nan preskripsyon an oswa nan ransèyman ki endike anwo a.

Mwen rekonèt otorizasyon sa a valid sèlman jouk anvan : 30 jen 2010 (Yo ka pwolonje preskripsyon sa a jouk nan mwa Out si elèv la ap patisipe nan pwogram enstriksyon pandan lete Depatman Edikasyon vil Nouyòk *New York City Department of Education* (NYCDOE) ("Depatman" an) ap finanse; oubyen (2) lè sa a m ap remèt direktè lekòl la oubyen reprezantan li (yo) ak enfimyè a yon nouvo preskripsyon oubyen ransèyman doktè pitit mwen an bay osijè fòmalitye pou founi l tretman medikal rekòmande ke nou mete pi wo a.

Depi mwen soumèt Fòm sa a pou mande founi pitit mwen an tretman medikal yo rekòmande yo (san medikaman), mwen mande pou Depatman an ak Depatman Sante ak Ijyèn mantal vil Nouyòk *New York City Department of Health and Mental Hygiene* (NYCDOHMH) bay pitit mwen an sèvis lasante espesifik pa lentèmedyè Biwo pou Sante nan lekòl *Office of School Health* (OSH). Mwen bay tout enfòmasyon ak ransèyman yo okonplè osijè fòmalitye pou bay pitit mwen an sèvis lasante mwen mande nan fòmilyè sa a. Mwen rekonèt Depatman an, DOHMH ak moun ki reprezante yo ak anlwaye k ap founi sèvis lasante mwen mande pi wo (a) yo, ap baze yo sou enfòmasyon egzak ak ransèyman mwen bay nan fòmilyè sa a. Mwen vle pou pitit mwen an resevwa sèvis lasante a (yo) dapre enfòmasyon ak ransèyman mwen bay nan fòmilyè sa a. Mwen rekonèt se responsablite m pou bay tout ekipman ak medikaman ki nesèsè pou yo bay tretman medikal rekòmande mwen mande pi wo a (men yo pa gen pou bay medikaman).

Mwen rekonèt dokiman sa a pa reprezante yon kontra ak Depatman an oswa DOHMH pou bay sèvis mwen mande yo, men li reprezante pito demann mwen fè, konsantman ak otorizasyon mwen bay pou yo founi sèvis sa yo. Si yo deside sèvis sa yo nesèsè, li ka nesèsè pou tabli yon plan akomodasyon pou elèv la tou, epi se lekòl la ki pral mete l anplas.

Nan dokiman sa a, mwen otorize DOE, anlwaye l yo, ak moun ki reprezante l yo pou yo mande avi founisè swen lasante oswa famasyon oubyen toude e founisè e famasyon, epi pou yo jwenn tout lòt enfòmasyon yo ka panse ki apwopriye osijè eta sante pitit mwen an, medikaman l ap pran yo oswa tretman l ap swiv yo.

**Tanpri ekri pi ba a ak lèt detache Non & Adrès Paran/Gayen legal :**

\_\_\_\_\_

**Siyati Paran/Gadyen legal**

\_\_\_\_\_

\_\_\_\_\_

**Dat ou siyen fòm lan**

\_\_\_\_\_

\_\_\_\_\_

**No. Telefòn pou moun rele w lajounen/No. telefòn lakay ou**

**PA EKRI PI BA A: SE SÈL ANPLWAYE NAN DOE AK NAN DOHMH KI POU EKRI PI BA A  
DO NOT WRITE BELOW (FOR DOE AND DOHMH ONLY)**

Student's Name: \_\_\_\_\_

OSIS No: \_\_\_\_\_

Received by: \_\_\_\_\_  
Name Date

Reviewed by: \_\_\_\_\_  
Name Date

Referred to School 504 Coordinator:  Yes  No

Services provided by:  Nurse  DOHMH Public Health Adv.  School Based Health Center  DOE School Staff

Self-Directs Treatment:  Yes  No

Signature and Title: \_\_\_\_\_  
(RN OR SMD)

\_\_\_\_\_  
(Date school notified and form forwarded to DOE liaison)