

Parent must complete and SIGN reverse side of this Medication Form and submit to nurse along with a current photograph attached to upper left corner.

MEDICATION ADMINISTRATION FORM Authorization for Administration of Medication to Students for School Year 2006-2007	Student's Name (Last, First, Middle)		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	I.D. Number
	DOE Region/District	School (PS, IS, etc. and Name)		Grade	Class
	School Address				Borough
					Zip Code

FOR DOE/DOHMH USE:
<input type="checkbox"/> MS
<input type="checkbox"/> 504
<input type="checkbox"/> IEP
<input type="checkbox"/> SC/SA

Physician's Order	Order for Administration in School	Instructions for lack of improvement or adverse reaction	Choose all that are appropriate
<p>1. Diagnosis ASTHMA <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SEVERITY:</p> <p><input type="checkbox"/> Mild Intermittent <input type="checkbox"/> Moderate Persistent*</p> <p><input type="checkbox"/> Mild Persistent* <input type="checkbox"/> Severe Persistent*</p>	<p>For your convenience, we have pre-printed a standard albuterol order. Any alterations to this order must be re-written in Box #2 below.</p> <p><input type="checkbox"/> Albuterol 2 puffs q 4 hrs. via metered dose inhaler and spacer prn cough, wheeze, tightness in chest, difficulty breathing or shortness of breath. May repeat in 15 mins x 2 if no improvement (3 total).</p> <p><input type="checkbox"/> Albuterol 2 puffs via MDI with spacer 15-30 minutes before exercise.</p>	<p>If improved, but not enough to return to class, call parent. If significant respiratory distress persists, call 911 and notify parent and PMD. May provide additional puffs as needed until EMS arrives.</p>	<p><input type="checkbox"/> Student may carry medication and may self-administer. (PARENT MUST INITIAL REVERSE SIDE.)</p> <p><input type="checkbox"/> Store medication in medical room and student to self-administer under observation.</p> <p><input type="checkbox"/> Store medication in medical room and nurse to administer.</p>
<p>2. Diagnosis _____</p> <p>Medication/Preparation/Concentration _____</p> <p>Dose/Route _____</p> <p><input type="checkbox"/> Diagnosis substantially controlled with medication.</p> <p><input type="checkbox"/> Diagnosis not substantially controlled with medication.</p> <p><input type="checkbox"/> Diagnosis self-limited.</p>	<p><input type="checkbox"/> Standing daily dose. Specify time(s): _____</p> <p>Conditions under which medication should not be given: _____</p> <p>-----AND/OR-----</p> <p><input type="checkbox"/> prn _____</p> <p style="text-align: center;"><i>specific signs, symptoms or situations</i></p> <p>Time interval: q ____ hours as needed</p> <p>Any repeats if _____ in ____ hr, max ____ times</p> <p>no improvement? <input type="checkbox"/> Yes, in ____ min, max ____ times</p>		<p><input type="checkbox"/> Student may carry medication (includes epi pen and MDI) and may self-administer. (PARENT MUST INITIAL REVERSE SIDE.)</p> <p>NOT FOR CONTROLLED SUBSTANCES.</p> <p><input type="checkbox"/> Store medication in medical room and student to self-administer under observation.</p> <p><input type="checkbox"/> Store medication in medical room and nurse to administer.</p>
<p>3. Diagnosis _____</p> <p>Medication/Preparation/Concentration _____</p> <p>Dose/Route _____</p> <p><input type="checkbox"/> Diagnosis substantially controlled with medication.</p> <p><input type="checkbox"/> Diagnosis not substantially controlled with medication.</p> <p><input type="checkbox"/> Diagnosis self-limited.</p>	<p><input type="checkbox"/> Standing daily dose. Specify time(s): _____</p> <p>Conditions under which medication should not be given: _____</p> <p>-----AND/OR-----</p> <p><input type="checkbox"/> prn _____</p> <p style="text-align: center;"><i>specific signs, symptoms or situations</i></p> <p>Time interval: q ____ hours as needed</p> <p>Any repeats if _____ in ____ hr, max ____ times</p> <p>no improvement? <input type="checkbox"/> Yes, in ____ min, max ____ times</p>		<p><input type="checkbox"/> Student may carry medication (includes epi pen and MDI) and may self-administer. (PARENT MUST INITIAL REVERSE SIDE.)</p> <p>NOT FOR CONTROLLED SUBSTANCES.</p> <p><input type="checkbox"/> Store medication in medical room and student to self-administer under observation.</p> <p><input type="checkbox"/> Store medication in medical room and nurse to administer.</p>

List medication(s) student takes at home and at what time: *National guidelines recommend inhaled corticosteroids for children with persistent asthma.	Physician's Name (PLEASE PRINT)		Physician's Signature		FOR DOHMH USE: Revisions per DOHMH
	Physician/Clinic Address				
	Physician/Clinic Tel. No.	Physician/Clinic Fax No.	NYS Registration No.	Date	

OMISSIONS IN PROVIDER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS