

致所有學生家長和保健專業人員：

紐約市教育局（DOE）和學校健康辦公室（Office of School Health，簡稱OSH）共同合作，為有特殊健康需求的學生提供健康服務。如果您的子女需要個別教育計劃或《1973年康復法案》第504條款規定的健康服務和特別照顧，請填妥本材料中的表格。學校健康辦公室**要求**每個學年都有最新的藥物施用和/或處方治療表格。

如果您子女需要的話，這些表格可供保健專業人員填寫。請確保所有表格都在要求的地方簽名：

- 藥物施用表（MAF）：**這一表格由您子女的保健專業人員填寫，用於在學校接受醫藥或治療服務。
  - 有五種不同的藥物施用表：哮喘、過敏、糖尿病、癲癇及一般情況。
  - 請將填妥的表格交給學校護士/學校健康中心。
- 醫療處方治療（非藥物）表（Medically Prescribed Treatment (Non-Medication) Form）：**這一表格由您子女的保健專業人員填妥，用於要求在學校進行如胃管餵食插入、抽吸等程序。該表格可適用於所有需要技能的護理治療。
  - 請將填妥的表格交給學校護士/學校健康中心。
- 要求第504條款和/或醫療特別照顧：**除了藥物施用表（MAF）或醫療處方治療表格（Medically Prescribed Treatment Form）以外，請填妥這些表格，以便要求**新的或修改了**的健康服務或特別照顧，例如電梯的使用、考試特別照顧和輔助專業人員服務。
  - 請勿使用這些表格請求相關服務，例如職業治療、物理治療、言語和語言治療或諮詢。
  - 必須填寫三種表格：
    - 家長申請504條款特別照顧（IEP學生不需要）；
    - 依照「醫療保險可攜性與責任法案」（HIPAA）披露健康資訊授權書；以及
    - 由您子女的保健專業人員填寫的「醫療特別照顧申請表」（Medical Accommodations Request Form，簡稱MARF）。凡是**要求特別照顧的學生**，應該填妥這份表格。
  - 請將填妥的表格提交給學校的504協調員或IEP小組（如適用）。

**家長：**

- 請讓您子女的保健專業人員填寫您子女所需的表格（如MAF和/或醫療處方治療表格）。
- MAF和治療表格必須每年填妥，**並最遲應在2024年6月1日提交給學校護士/學校健康中心**，以備新學年之用。這一日期之後收到的表格可能延遲受理。
- 有IEP的學生：
  - 當可能需要更改服務時，必須填寫醫療特別照顧申請表。
  - 需要IEP小組審查的表格必須在**您子女IEP會議之前至少一個月提交**。
- 儲存藥物（沙丁胺醇，Flovent和腎上腺素）僅供學校OSH人員使用，而且仍然需要一份填妥的MAF。在學校外出參觀日和/或學校資助的課後計劃中，您必須讓子女隨身帶上腎上腺素、哮喘藥物吸入器以及其他任何獲准的自我施用藥物，以備您子女使用。
- 請確保您在所有MAF和治療表格的背面簽名，表示同意您子女接受這些服務。
- 請在醫療表的左上角貼上一張近期拍攝的小照片。

如果您有任何問題，請找子女學校的護士、IEP小組（如果適用）及/或學校的504協調員。

**保健專業人員：**請參閱頁面背面。 / **Health Care Practitioners: please see back of page.**



## GUIDELINES FOR HEALTH SERVICES AND SECTION 504 ACCOMMODATIONS FOR STUDENTS IN NEW YORK CITY PUBLIC SCHOOLS

SCHOOL YEAR 2024-2025

### **Health Care Practitioner Instructions for Completion of the Medical Accommodations Request Form**

Please follow these guidelines when completing the forms:

- Your patient may be treated by several health care practitioners. The health care practitioner completing the form should be the one treating the condition for which services are requested.
- This form must be completed by the student's licensed health care practitioner (MD, DO, NP, PA) who has treated the student and can provide clinical information concerning the medical diagnoses outlined as the basis for this request. Forms cannot be completed by the parent/guardian. Forms cannot be completed by a resident.

All requests for accommodations are based on medical necessity. Please ensure that your answers are complete and accurate. **All requests for medical accommodations will be reviewed by the Office of School Health (OSH) clinical staff, who will contact you if additional clarification is needed.**

- There is a school nurse present in most DOE schools. Requests for 1:1 nursing will be reviewed on a case-by-case basis.
- Please clearly type or print all information on this form. **Illegible, incomplete, unsigned or undated forms cannot be processed and will be returned to the student's parent or guardian.**
- Provide the full name and current diagnoses of clinical relevance for the student.
- Describe the impact of the diagnoses/symptoms, medical issues, and/or behavioral issues that may affect the student during school hours or transport, including limitations and/or interventions required.
- Include any documentation and test results for any specialty services or referrals relevant to the accommodations requested.
- **Only request services that are needed during school hours or other school-sponsored programs and activities.** Do not request medicine that can be given at home, before or after school hours.
- If a student requires medications or procedures to be performed, please complete and submit all relevant Medication Administration Forms (MAFs) and/or a Request for Medically Prescribed Treatment. The orders should be specific and clearly written. This allows the school nurse to carry it out in a clinically responsible way.
- Requests for alternative medicines will be reviewed on a case-by-case basis.
- Clearly print your name and include the valid New York State, New Jersey, or Connecticut license and NPI number.
- On the Medical Accommodations Request Form:
  - Please list the days and times that are best to contact you to provide further clarification of the request.
  - Please sign the attestation documenting that the information provided is accurate.
- Stock Epinephrine may be stored in the medical room, or in a common area for Pre-K. The student's prescribed Epinephrine would be transported with the student as indicated.

**Student Skill Level:** Students should be as self-sufficient as possible in school. Health Care Practitioners must determine whether the child is nurse-dependent, should be supervised, or is independent to take medicine or perform procedures.

- **Nurse-Dependent:** nurse must administer. Medicine is typically stored in a locked cabinet in the medical room.
- **Supervised:** self-administers, under adult supervision. The student should be able to identify their medicine, know the correct dose and when to take it, understand the purpose of their medicine, and be able to describe what will happen if it is not taken.
- **Independent:** can self-carry/self-administer. For students who are independent, please initial the attestation that the student is able to self-administer at school and during other school-sponsored programs and activities, including school trips. **Students are never allowed to carry controlled substances.**
- ***If no skill level is selected, OSH clinical staff will designate the student as nurse-dependent by default, until further advised by the student's health care practitioner.***

Thank you for your cooperation.