准许在校期间使用药物或使用洗胃机、氧气瓶或其它器械的申请

REQUEST FOR ADMINSTRATION OF MEDICATION OR USE OF SUCTION, OXYGEN OR OTHER EQUIPMENT IN SCHOOL

(请参阅反面给医生和家长的信/Please see message to physician and parent on back of form) Physician, Please note: Fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication/treatment. A separate request is needed for each medication.					致校长:		
病人/学生姓名/Name of patient/student 住址/邮政编号 A		ldress/Zip	班 Room/book No.	我特此授权让经过挑选的学校员工按照在本表上签字的我子女的医生			
出生日期 /DOB 学	校/团体 /School/ORG	.# 分局办公室	图/Regional Office	学号/PID	的医嘱处方,让我子女服用本表指定的药物、使用指定的器械或机器。 器。		
诊断/Diagnosis:					学生护士可酌情让我子女自己服药/使用器械。		
必须于在校期间服药的原因/Reason medication must be given in school:					我授权学校护士与我子女的医生直接联系,同时也授权我子女的医生 在必要时就有关药物/器械以及/或者我子女对药物器械的反应作出答		
药物/器械/治疗名称/Name of medication /equipment/treatment:			剂量/Dose		- 复。 		
在校期间服药次数/Time(s) to be given in school:			24 小时总剂量/Total dosage per 24 hrs.		To the Principal		
服药起始日期/Date begin:			服药终止日期/Date end:		I authorize selected school personnel to administer the indicated medication, or to use the equipment or machinery as prescribed by my child's healthcare provider, whose signature appears on this form.		
服/用药方法/Instruction for administration/utilization:					My child may self-administer medication/equipment as determined appropriate by the school nurse.		
用药禁忌/Contraindications:					I authorize the school nurse to communicate with my child's healthcare provider, and my health care provider to reply, as needed regarding this		
药物副作用/Side effects:					medication/equipment and/or my child's response.		
缓解副作用的治疗方法/采取的措施/Treatment of side effects/action to be taken:					家长签字 电话 Parent signature Telephone		
————————————————————————————————————					签字日期 紧急情况电话 Date signed Emergency number		
如果有,请详述/If yes, describe:							
					──依据费城教育局现行程序,使用这种药物巳获批准。批准日期为/In		
如果是,请列出药名/If yes, name of medications				accordance with current school district procedure, the administration of this medication was approved on:			
学生在家中是否使用类似的器械?Is similar equipment kept by the child's family at home?							
是/Yes否/No 医生正楷姓名及职称/Print name of health care provider/credentials 电话/Telephone					日期/Date		
	nt name of heatin care	proviuci/creuciilia.	•		(本表由学校保存/Retain in school)		
地址/Address				/Emergency number	学校护士签字 (Signature of School Nurse)		
医生签字/Signature of hea	alth care provider		签字日期/Date	e signed	学校护士电话 (Telephone of School Nurse)		

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(给医生的信)

To the physician

Your patient has requested that medication or equipment be utilized in school. Ideally, the administration of medication or utilization of equipment should take place at home. However, for students who require medication/treatment during the school day in order to function in the classroom, School District Policy does permit selected school staff to administer medication. In some cases, students may self-administer their medication.

School District Policy also permits the use of equipment/machinery in those instances where similar equipment is kept by the child's family at home, and such equipment/machinery is necessary in order to enable the student to function in the classroom. Instruction for use and precautions should be spelled out in detail.

(If your patient's medication or treatment schedule cannot be altered so that all are received at home, please complete the request on the reverse side-a separate request is required for each medication or treatment).

When the medication/treatment prescribed exceeds or differs from that approved by the FDA or recommended by the manufacturer, you and the child's parent will be required to submit written detailed information to the School Nurse. This must include a list of side effects and confirmation that all side-effects have been explained to and are understood by the parent. Any particularly dangerous conditions being experienced by the child should be spelled out in detail, with the procedure to follow should a reaction occur.

Please fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication/treatment.

Thank you.

School Health Services

(A message to parents)

亲爱的家长/监护人:

一些学生需要服药或使用特殊器械才能在教室正常上课。这些能在家中进行最为理想。如果您子女服药和使用器械的安排无法改动,您可以和学校护士或校长见面,请求让子女在在校期间服药。

如果医生为您子女开的处方和医嘱超过 FDA 批准的剂量或制药厂建议的剂量或与之不同,在学校护士批准之前,您和您的医生必须另外向学校护士递交一份书面情况说明。

一旦您的申请获得学校护士的批准,您必须将标签正确、由注册的药剂师包装的药物带到学校。药瓶必须有安全瓶益,药瓶的标签必须包含以下项目:

病人姓名 开处方日期(最近)

药房名称 药名、剂量单位、过期日期(相关的话)

药房地址及电话 用药方法

处方号码 开处方的医生姓名

至于特殊器械,只要您家中有类似的器械,学校才会提供同类器械的服务。您必须提供器械,并且在必要时修理和更换。您的申请一旦得到批准,您必须将器械带到 学校,并向经过挑选的学校员工示范其使用方法。书面的使用方法必须随器械一同带来。

每一个学年和/或每一次医生改变剂量,您都必须重复这一步骤。

假如您的子女将药物(包括不需医生处方的药物)带到学校,并且自己服用,您必须事先通知校长他服用的什么药以及为什么服药。

家长/监护人必须亲自取走未用完的或过期的药物,或者书面授权一个负责的成年人取走未用完的或过期的药物。如果在十天内或在学年结束时,药物仍未被取走,将被销毁和废弃

如果您对这个程序有任何疑问,请与学校护士或校长联系。

谢谢!

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