

Diabetes Medication Administration Form [Part A]

DUE: June 1st. Forms submitted after June 1st may delay processing for new school year.

Provider Medication Order Form | School Year 2022-23 Please fax all DMAFs to 347-396-8932/8945

Student Last Name:	udent Last Name: First Name:					Date of Birth:	☐ Male OSIS #				
School ATSDBN / Name: Address:				Borough:			DOE District:	Grade:	Class:		
HEALTH CARE PRACTITIONER COMPLETES BELOW [Please see 'Provider Guidelines for DMAF Completion']											
☐ Type 1 Diabetes ☐	Type 2 Diabet	es 🗆 Non	n-Type 1/	Type 2 Diabetes	Recent A1c						
☐ Other Diagnosis:								Resi	ult%		
Orders written will	be for Sept '2	22 throug	jh Aug '	23 school year unle			Current School Y	ear 2021	-22 and 2022-23		
	Sever	re Hypoglyc	cemia	EME	RGENCY OF		or Diabetic Ketoaci	dosis (DK/	Α)		
	Administer C	Glucagon an	nd CALL			nes if bG > mg/dl					
Glucagon ☐ 1 mg	GVOKE ☐ 1 mg	Baqsim ☐ 3 mg		Zegalogue 1 0.6 mg SC	OR ☐ Test ketor	nes if bG > mg/dl	for the 2nd time that d	ay (at leas	t 2 hrs. apart), or if		
□mg	□ mg	Intranasa	al M	lay repeat in 15 min if	vomiting or fe	ever > 100.5 F		• `			
SC/IM Give PRN: unconscious	SC/IM unresponsive s	seizure or in		eeded swallow EVEN if bG is		trace give water; re-test ketor are moderate or large, give w			ogist □ NO GYM		
unknown. Turn onto left	side to prevent a	aspiration. If	more tha	an one option is		and vomiting, unable to take F					
chosen, school staff will directed.	use ONE form of	of available (glucagon	n unless otherwise	☐ Give insuli	n correction dose if > 2 hrs or	hours since la	st rapid act	ing insulin.		
						lete, will default to nurse-depende					
Blood Glucose (bG) M ☐ Nurse/adult must ch				Administration Skill Lever -Dependent Student: nur		☐ Independent Student (MUST initial attestation).					
☐ Student to check bG	•	vision.	administe	er medication		student demonstrated abil	oility to self-administer the prescribed				
☐ Student may check b	G without super	_		vised student: student se lult supervision	eir-administers,	field trips and school spon	lucagon) effectively during school, onsored events.				
					-	e Part B for CGM reading	•				
Specify times to test I Hypoglycemia	,			r treatment and/or insulings noted here Give	,	ast □ Lunch □ Snack □ □ Breakfast □ Lunch □	•	ck boforo o	nvm		
Check all boxes neede	d. Must include	at least one	e treatme	ent plan.			Shack - Give Sha	Ĭ			
	• • —			☐ Breakfast ☐ Lunch		l Gym □ PRN etesting until bG >mg	☐ T2DM – no bG monitorir or insulin in school				
	-			Breakfast □ Luncl			rui	15 am i	rapid carbs = 4		
						etesting until bG >mg		_	e tabs = 1 glucose		
☐ For bG <mg< td=""><td>/dl pre-gym, no</td><td colspan="8">□ For bG <mg <mg="" and="" bg="" dl="" for="" gel="" give="" gym="" hypoglycemia="" juice<="" no="" pre-gym="" pre-gym,="" prn="" snack="" td="" then="" treat="" tube="4oz." □=""></mg></td></mg<>	/dl pre-gym, no	□ For bG <mg <mg="" and="" bg="" dl="" for="" gel="" give="" gym="" hypoglycemia="" juice<="" no="" pre-gym="" pre-gym,="" prn="" snack="" td="" then="" treat="" tube="4oz." □=""></mg>									
Mid-Range Glycemia Insulin is given before food unless noted here Give insulin after Breakfast Lunch Snack Give Snack before gym if bG <mg dl<="" td=""><td></td><td></td></mg>											
Mid-Range Glycemia	Insulin is give	en before fo	ood unles	ss noted here	nsulin after	Breakfast □ Lunch □ S	Snack □ Give Snac	k before av	/m if bG < ma/dl		
Hyperglycemia	Insulin is give	en before fo		ss noted here Give in			Snack ☐ Give Snac	k before gy	ym if bG <mg dl<="" td=""></mg>		
Hyperglycemia ☐ For bG >	Insulin is given	en before fo NO GYM	ood unles	ss noted here	nsulin after	Breakfast ☐ Lunch ☐ S For bG me	Snack		/m if bG <mg dl<="" td=""></mg>		
Hyperglycemia For bG > For bG >	Insulin is given mg/dl pre-gym, _mg/dl PRN, G	en before fo , NO GYM Give insulin o	correction		nsulin after	Breakfast □ Lunch □ S For bG me last rapid acting insulin	Snack ter reading "High" use	bG of 500) or mg/dl		
Hyperglycemia For bG > For bG > Check bG or Sensor	Insulin is given mg/dl pre-gym, mg/dl PRN, G Glucose (sG) be	en before fo , NO GYM Give insulin o efore dismi	correction	ss noted here	nsulin after hrs. since	Breakfast □ Lunch □ S For bG me last rapid acting insulin	snack ter reading "High" use rection dose pre-meal	bG of 500) or mg/dl		
Hyperglycemia □ For bG > □ For bG > □ Check bG or Sensor □ For sG or bG values	Insulin is given mg/dl pre-gym, mg/dl PRN, GGlucose (sG) be mg/d	en before for NO GYM Give insulin of efore dismit dl treat for hy	correction issal	ss noted here	nsulin after □hrs. since	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give cor	inack ter reading "High" use rection dose pre-meal ed	bG of 500) or mg/dl		
Hyperglycemia □ For bG > □ For bG > □ Check bG or Sensor □ For sG or bG values □ For sG or bG values	Insulin is given mg/dl pre-gym, mg/dl PRN, GGlucose (sG) be mg/d	en before for NO GYM Give insulin of efore dismit dl treat for hy	correction issal	ss noted here	hrs. since hrs. since o not send on bullIN ORDERS	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give cor um carb snack before dismiss us/mass transit, parent to pick	snack Iter reading "High" use Irection dose pre-meal Indian sed Indian services Indian service	bG of 500	o) or mg/dl coverage after meal		
Hyperglycemia □ For bG > □ For bG > □ Check bG or Sensor □ For sG or bG values	Insulin is given mg/dl pre-gym, mg/dl PRN, GGlucose (sG) be mg/d	en before for NO GYM Give insulin of efore dismit dl treat for hy	correction issal	ss noted here Give in on dose if > 2 hrs or emia if needed, and give_ elycemia if needed, and dive_ INSU Insulin Calculation Me	hrs. since hrs. since o not send on b ILIN ORDERS ethod:	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give cor Im carb snack before dismiss us/mass transit, parent to pick	snack Iter reading "High" use Irection dose pre-meal Indian sed Indian services Indian service	bG of 500) or mg/dl		
Hyperglycemia For bG > For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name	Insulin is givi mg/dl pre-gym, _mg/dl PRN, G Glucose (sG) bi <mg d<="" td=""><td>en before for NO GYM NO GYM Give insulin of the dismit o</td><td>correction issal</td><td>ss noted here</td><td>hrs. since hrs. since onot send on bullin ORDERS ethod: Y at: Breakfa</td><td>Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give cor Im carb snack before dismiss us/mass transit, parent to pick B at □ Lunch □ Snack</td><td>snack Iter reading "High" use Irection dose pre-meal Indian sed Indian services Indian service</td><td>bG of 500</td><td>o or mg/dl coverage after meal</td></mg>	en before for NO GYM NO GYM Give insulin of the dismit o	correction issal	ss noted here	hrs. since hrs. since onot send on bullin ORDERS ethod: Y at: Breakfa	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give cor Im carb snack before dismiss us/mass transit, parent to pick B at □ Lunch □ Snack	snack Iter reading "High" use Irection dose pre-meal Indian sed Indian services Indian service	bG of 500	o or mg/dl coverage after meal		
Hyperglycemia For bG > For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name *May substitute Novolog	Insulin is given mg/dl pre-gym, mg/dl pre-gym, mg/dl PRN, GGlucose (sG) be mg/d with Humalog/Ag with Humalog/Ag	en before for NO GYM NO GYM Give insulin of efore dismit all treat for hymg/dl treat for hymg	correction issal	ss noted here	hrs. since hrs. since o not send on book JLIN ORDERS ethod: Y at: Breakfa LY at: Breakfa correction dose	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give cor um carb snack before dismiss us/mass transit, parent to pick s ast □ Lunch □ Snack fast □ Lunch □ Snack when bG > Target AND	inack ter reading "High" use rection dose pre-meal ed up from school. Insulin Calculation	bG of 500	o) or mg/dl coverage after meal S: (give number, not range)		
Hyperglycemia For bG > For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name	Insulin is given mg/dl pre-gym, mg/dl pre-gym, mg/dl PRN, GGlucose (sG) be mg/d with Humalog/Ag with Humalog/Ag	en before for NO GYM NO GYM Give insulin of efore dismit all treat for hymg/dl treat for hymg	correction issal	on dose if > 2 hrs oremia if needed, and give_slycemia if needed, and dive_slycemia if needed, and dose in the control of	hrs. since hrs. since onot send on book JLIN ORDERS ethod: Y at: Breakfa LY at: Breakfa correction doses s since last rapi	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give cor Im carb snack before dismiss us/mass transit, parent to pick ast □ Lunch □ Snack fast □ Lunch □ Snack when bG > Target AND d acting insulin at	inack Iter reading "High" use Insulin Calculation Iter to the reading to the read	bG of 500 and carb of Directions mg/dl Factor (ISF	o or mg/dl coverage after meal S: (give number, not range)		
Hyperglycemia For bG > For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name *May substitute Novolog	Insulin is given mg/dl pre-gym, mg/dl pre-gym, mg/dl PRN, GGlucose (sG) be mg/d with Humalog/Ag with Humalog/Ag	en before for NO GYM NO GYM Give insulin of efore dismit all treat for hymg/dl treat for hymg	correction issal	ss noted here	hrs. since hrs. since onot send on be pullin ORDERS ethod: Y at: Breakfa LY at: Breakfa correction dose s since last rapi unch Sna	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give cor Im carb snack before dismiss us/mass transit, parent to pick ast □ Lunch □ Snack fast □ Lunch □ Snack e when bG > Target AND d acting insulin at ck	inack iter reading "High" use rection dose pre-meal ed rup from school. Insulin Calculation Target bG = Insulin Sensitivity I	Directions mg/dl Factor (ISF	o) or mg/dl coverage after meal S: (give number, not range) F):mg/dl		
Hyperglycemia For bG > For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name *May substitute Novolog No Insulin in school	Insulin is given mg/dl pre-gym, mg/dl pre-gym, mg/dl PRN, G Glucose (sG) be compared with Humalog/A	en before for NO GYM Give insulin of efore dismit all treat for hy mg/dl treat for Admelog at Snack	correctio iissal hypoglyce for hypog	ss noted here	hrs. since hrs. since onot send on be pllin ORDERS ethod: Y at: Breakfa LY at: Breakfa correction dose s since last rapi unch Sna ulated using:	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give cor Im carb snack before dismiss us/mass transit, parent to pick ast □ Lunch □ Snack fast □ Lunch □ Snack when bG > Target AND d acting insulin at	inack Iter reading "High" use Insulin Calculation Iter to the second of the se	Directions mg/dl Factor (ISF	o or mg/dl coverage after meal S: (give number, not range) F): mg/dl)		
Hyperglycemia For bG > For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name *May substitute Novolog No Insulin in school Delivery Method Syringe/Pen Sn	Insulin is given mg/dl pre-gym, mg/dl pre-gym, mg/dl preN, GGlucose (sG) be mg/d with Humalog/A No insulin a mart Pen – use per	en before for NO GYM Bive insulin of the dismitted for hymg/dl treat for hymg	correctionissal appropriate for hypographic fo	on dose if > 2 hrs oremia if needed, and dive_slycemia if needed, and diversity if needed, and d	hrs. since hrs. since onot send on be pllin ORDERS ethod: Y at: Breakfa LY at: Breakfa correction dose s since last rapi unch Sna ulated using: E ther Orders)	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give cor Im carb snack before dismiss us/mass transit, parent to pick ast □ Lunch □ Snack fast □ Lunch □ Snack e when bG > Target AND d acting insulin at ck	inack iter reading "High" use rection dose pre-meal ed rup from school. Insulin Calculation Target bG = Insulin Sensitivity I	Directions mg/dl Factor (ISF	o or mg/dl coverage after meal S: (give number, not range) F): mg/dl)		
Hyperglycemia For bG > For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name *May substitute Novolog No Insulin in school	Insulin is given mg/dl pre-gym, mg/dl pre-gym, mg/dl preN, GGlucose (sG) be mg/d with Humalog/A No insulin a mart Pen – use per	en before for NO GYM Bive insulin of the dismitted for hymg/dl treat for hymg	correctionissal appropriate for hypographic fo	ss noted here	hrs. since hrs. since go not send on by ILIN ORDERS ethod: Y at: Breakfa LY at: Breakfa correction dose s since last rapi unch Sna ulated using: Ether Orders) Part B) nediately follow	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give con Im carb snack before dismiss sus/mass transit, parent to pick Bast □ Lunch □ Snack fast □ Lunch □ Snack e when bG > Target AND d acting insulin at ck □ ISF or □ Sliding Scale ing lunch, subtract	inack iter reading "High" use rection dose pre-mean ed rup from school. Insulin Calculation Target bG = Insulin Sensitivity I 1 unit decreases b (time 1 unit decreases b	Directions mg/dl Factor (ISF G by to	o) or mg/dl coverage after meal S: (give number, not range) F):mg/dl)mg/dl		
Hyperglycemia For bG > For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name *May substitute Novolog No Insulin in school Delivery Method Syringe/Pen Sn	Insulin is given mg/dl pre-gym, mg/dl pre-gym, mg/dl preN, G Glucose (sG) be compared with Humalog/A No insulin a mart Pen – use per mart Pen – use per mg/dl preserved in the second se	en before for NO GYM Bive insulin of the dismitted for hymg/dl treat for hymg	correctionissal appropriate for hypographic fo	ss noted here	hrs. since hrs. since go not send on b ILIN ORDERS ethod: Y at: Breakfa LY at: Breakfa correction dose s since last rapi unch Sna ulated using: E ther Orders) Part B) nediately follow n lunch carb cal	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give con Im carb snack before dismiss sus/mass transit, parent to pick Bast □ Lunch □ Snack fast □ Lunch □ Snack e when bG > Target AND d acting insulin at ck □ ISF or □ Sliding Scale ing lunch, subtract	inack iter reading "High" use rection dose pre-mean ed rup from school. Insulin Calculation Target bG = Insulin Sensitivity I 1 unit decreases b (time 1 unit decreases b	Directions mg/dl Factor (ISF G by to G by to to to to line 8am t	o or mg/dl coverage after meal S: (give number, not range) F): mg/dl)		
Hyperglycemia For bG > For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name *May substitute Novolog No Insulin in school Delivery Method Syringe/Pen Sn Pump (Brand)	Insulin is given mg/dl pre-gym, mg/d	en before for NO GYM Give insulin of the dismitted for hymg/dl treat for hymg	correctionissal appropriate for hypograms	an dose if > 2 hrs or	hrs. since hrs. since hrs. since onot send on butten of the send on the send of the	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give con Im carb snack before dismiss sus/mass transit, parent to pick Bast □ Lunch □ Snack fast □ Lunch □ Snack e when bG > Target AND d acting insulin at ck □ ISF or □ Sliding Scale ing lunch, subtract	inack Iter reading "High" use Iter reading "High" use Iter reading "High" use Iter reading "High" use Insulin Calculation Insulin Calculation Insulin Sensitivity I I unit decreases b I time I unit decreases b I time If only one ISF, time w Insulin to Carb Rat	Directions mg/dl Factor (ISF G by to g by to will be 8am to io (I:C):	or mg/dl coverage after meal S: (give number, not range) F):mg/dl)mg/dl)mg/dl)not specified		
Hyperglycemia For bG > For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name May substitute Novolog No Insulin in school Delivery Method Syringe/Pen Sn Pump (Brand) For Pumps - Basal Ra am/pm to	Insulin is given mg/dl pre-gym, mg/dl pre-gym, mg/dl pre-gym, mg/dl pre-gym, gwith Humalog/A No insulin a mart Pen – use pente in school:	en before for NO GYM Give insulin of efore dismit of treat for hymg/dl treat for hym	correctionissal hypoglyce for hypogl ons units/hr	ss noted here	hrs. since hrs. since hrs. since onot send on bullin ORDERS ethod: Y at: Breakfa LY at: Breakfa correction dose s since last rapi unch Sna ulated using: ther Orders) Part B) mediately follow n lunch carb cal ructions: mendations for ns, will round do	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give con Im carb snack before dismiss us/mass transit, parent to pick Bast □ Lunch □ Snack fast □ Lunch □ Snack of when bG > Target AND d acting insulin at ck □ ISF or □ Sliding Scale ing lunch, subtract culation. bolus dose (if not using own to nearest 0.1 unit)	inack Iter reading "High" use Insulin Calculation Target bG = Insulin Sensitivity I 1 unit decreases b (time 1 unit decreases b (time If only one ISF, time wown insulin to Carb Rate Bkfast OR time	Directions mg/dl Factor (ISF G by to G by to to jill be 8am to io (I:C):	coverage after meal S: (give number, not range) F): mg/dl)mg/dl) to 4pm if not specified		
Hyperglycemia For bG > For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name May substitute Novolog No Insulin in school Delivery Method Syringe/Pen Sn Pump (Brand) For Pumps - Basal Ra	Insulin is given mg/dl pre-gym, mg/d	en before for NO GYM Give insulin of efore dismit all treat for hy mg/dl treat for Admelog at Snack en suggestion for many discontinuous disco	correctionissal hypoglyce for hypogl ons units/hr units/hr	ss noted here	hrs. since hrs. since hrs. since onot send on butten of the send on the send of the	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give con Im carb snack before dismiss Instrustion □ Snack Instruction □ Snack Instruct	inack Iter reading "High" use Iter reading "High" use Iter reading "High" use Iter reading "High" use Insulin Calculation Insulin Calculation Insulin Sensitivity I I unit decreases b I time I unit decreases b I time If only one ISF, time w Insulin to Carb Rat	Directions mg/dl Factor (ISF G by to G by to to jill be 8am to io (I:C):	coverage after meal S: (give number, not range) F): mg/dl)mg/dl) to 4pm if not specified		
Hyperglycemia For bG > For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name May substitute Novolog No Insulin in school Delivery Method Syringe/Pen Sn Pump (Brand) For Pumps - Basal Ra	Insulin is given mg/dl pre-gym, mg/dl pre-gym, mg/dl pre-gym, mg/dl pre-gym, gwith Humalog/A Insulin is given mg/d Insulin is given mg/d Insulin is given mg/d Insulin is given mg/d Insulin is given mg/d	en before for NO GYM Give insulin of efore dismit all treat for hy mg/dl treat for Admelog at Snack en suggestion formu formu formu posed loop	correctionissal hypoglyce for hypogl ons units/hr units/hr	ss noted here	hrs. since hrs. since hrs. since onot send on bullin ORDERS ethod: Y at: Breakfa LY at: Breakfa correction dose s since last rapi unch Sna ulated using: ther Orders) Part B) mediately follow n lunch carb cal ructions: mendations for ns, will round do dd that has not ler pump failure	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give con am carb snack before dismiss as/mass transit, parent to pick s ast □ Lunch □ Snack fast □ Lunch □ Snack a when bG > Target AND d acting insulin at ck □ ISF or □ Sliding Scale ing lunch, subtract culation. bolus dose (if not using own to nearest 0.1 unit) decreased inhours and notify parents.	inack Iter reading "High" use Insulin Calculation Target bG = Insulin Sensitivity I 1 unit decreases b (time 1 unit decreases b (time If only one ISF, time wown insulin to Carb Rate Bkfast OR time	Directions mg/dl Factor (ISF G by to to will be 8am to io (I:C):togms carbs	or mg/dl coverage after meal S: (give number, not range) F): mg/dl) mg/dl) o 4pm if not specified S		
Hyperglycemia For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name *May substitute Novolog No Insulin in school Delivery Method Syringe/Pen Sn Pump (Brand) For Pumps - Basal Raam/pm toam/pm toam/pm toam/pm tostudent on FDA app	Insulin is given mg/dl pre-gym, mg/d	en before for NO GYM Give insulin of efore dismit all treat for hy mg/dl treat for Admelog at Snack en suggestion formu formu formu posed loop	correctionissal hypoglyce for hypogl ons units/hr units/hr	ss noted here	hrs. since hrs. since hrs. since onot send on bullin ORDERS ethod: Y at: Breakfa LY at: Breakfa correction dose s since last rapi unch Sna ulated using: ther Orders) Part B) mediately follow in lunch carb cal ructions: mendations for ns, will round do did that has not ler pump failure of failure: SUSPI e or pen, and n	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give con am carb snack before dismiss as/mass transit, parent to pick s ast □ Lunch □ Snack fast □ Lunch □ Snack a when bG > Target AND d acting insulin at ck □ ISF or □ Sliding Scale ing lunch, subtract culation. bolus dose (if not using own to nearest 0.1 unit) decreased in hours and notify parents. END pump, give rapid otify parents.	inack Iter reading "High" use Iter reading "High" use Iter reading "High" use Iter reading "High" use Insulin Calculation Insulin Calculation Insulin Sensitivity I 1 unit decreases b (time	Directions mg/dl Factor (ISF G by to to to to gms carb:	in or mg/dl coverage after meal is: (give number, not range) is: mg/dl) ito 4pm if not specified is s		
Hyperglycemia For bG > For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name May substitute Novolog No Insulin in school Delivery Method Syringe/Pen Sn Pump (Brand) For Pumps - Basal Ra	Insulin is given mg/dl pre-gym, mg/d	en before for NO GYM Give insulin of efore dismit all treat for hy mg/dl treat for Admelog at Snack en suggestion formu formu formu formu forsed loop	correctionissal hypoglyce for hypogl ons units/hr units/hr units/hr	ss noted here	hrs. since hrs. since hrs. since o not send on b. JLIN ORDERS ethod: Y at: Breakfa LY at: Breakfa correction dose s since last rapi unch Sna ulated using: ther Orders) Part B) nediately follow n lunch carb cal ructions: mendations for ns, will round do do that has not ler pump failure: o failure: SUSPI te or pen, and n	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give con Im carb snack before dismiss Instrustion □ Snack Instruction □ Snack Instruct	inack Iter reading "High" use Iter reading "High" use Iter reading "High" use Iter reading "High" use Insulin Calculation I arget bG = Insulin Sensitivity I I unit decreases b I (time I unit decreases b I (time If only one ISF, time v Insulin to Carb Rat I unit per	Directions mg/dl Factor (ISF G by to io (I:C): gms carb:	or mg/dl coverage after meal S: (give number, not range) F):mg/dl)mg/dl)to 4pm if not specified ss		
Hyperglycemia For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name May substitute Novolog No Insulin in school Delivery Method Syringe/Pen Sn Pump (Brand) For Pumps - Basal Ra May substitute Novolog Supend/pm to May substitute Novolog Supend/disconnect Suspend pump for htreatment for may	Insulin is given mg/dl pre-gym, mg/dl pre-gym, mg/dl pre-gym, mg/dl pre-gym, gwith Humalog/A No insulin a mart Pen – use peter in school: am/ am/ am/	en before for NO GYM Give insulin of efore dismit of treat for hymg/dl treat for hym	correctionissal hypoglyce for hypogl ons units/hr units/hr units/hr	ss noted here	hrs. since hrs. since onot send on b JLIN ORDERS ethod: Y at: Breakfa LY at: Breakfa correction dose s since last rapi unch Sna ulated using: ther Orders) Part B) and ther Orders cal ructions: mendations for ns, will round do did that has not the pump failure: SUSPI te or pen, and not only give correction unit of the order of the	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give con Im carb snack before dismiss Instrustion parent to pick S ast □ Lunch □ Snack If as I Snack If as I Snack If as I Snack If as I Snack If and I	inack iter reading "High" use rection dose pre-meal ed up from school. Insulin Calculation Target bG = Insulin Sensitivity I 1 unit decreases b (time 1 unit decreases b (time If only one ISF, time v Insulin to Carb Rat Bkfast OR time 1 unit per Snack OR time 1 unit per Lunch OR time	Directions mg/dl Factor (ISF G by to to to gms carb:togms carb:to	in or mg/dl coverage after meal is: (give number, not range) is: mg/dl) it: hot specified is: s		
Hyperglycemia For bG > Check bG or Sensor For sG or bG values For sG or bG values For sG or bG values Insulin Name May substitute Novolog No Insulin in school Delivery Method Syringe/Pen Sn Pump (Brand) For Pumps - Basal Ra	Insulin is given mg/dl pre-gym, pump for gym ypoglycemia nothin Correction	en before for NO GYM Give insulin of efore dismit of the insulin of efore dismit of the insulin of efore dismit of the insulation of the	correctionissal hypoglyce for hypoglyce ons units/hr units/hr units/hr units/hr	ss noted here	hrs. since hrs. since hrs. since onot send on b JLIN ORDERS ethod: Y at: Breakfa LY at: Breakfa correction dose s since last rapi unch Sna ulated using: Her Orders) Part B) her orders and in the carb cal ructions: mendations for ns, will round do did that has not eler pump failure: SUSPI e or pen, and no s, only give correct ulin to closest 0.5 unit	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give con Im carb snack before dismiss Insumass transit, parent to pick stat □ Lunch □ Snack It is a Lunch □ Snack It	inack Iter reading "High" use Iter reading "High" use Iter reading "High" use Iter reading "High" use Insulin Calculation Target bG = Insulin Sensitivity I 1 unit decreases b (time 1 unit decreases b (time If only one ISF, time v Insulin to Carb Rat Bkfast OR time 1 unit per Snack OR time 1 unit per Lunch OR time 1 unit per	Directions mg/dl Factor (ISF G by to io (I:C): gms carb: gms carb: to gms carbs to gms carbs	or mg/dl coverage after meal S: (give number, not range) F):mg/dl)mg/dl) to 4pm if not specified ss		
Hyperglycemia For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name May substitute Novolog No Insulin in school Delivery Method Syringe/Pen Sn Pump (Brand) For Pumps - Basal Ra May substitute Novolog Supend/pm to May substitute Novolog Supend/disconnect Suspend pump for htreatment for may	Insulin is given mg/dl pre-gym, pump for gym ypoglycemia nothin Correction	en before for NO GYM Give insulin of efore dismit of treat for hymg/dl treat for hy	correctionissal hypoglyce for hypoglyce ons units/hr units/hr units/hr units/hr	ss noted here	hrs. since hrs. since hrs. since onot send on bullIN ORDERS ethod: Y at: Breakfa LY at: Breakfa correction dose s since last rapi unch Sna ulated using: ther Orders) Part B) nediately follow n lunch carb cal ructions: mendations for ns, will round do did that has not ler pump failure: o failure: SUSPI e or pen, and n e, only give correct ulin to closest 0.5 unit esn't have ½ unit n ologist. Round DO	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give con Im carb snack before dismiss Instrustion as transit, parent to pick S ast □ Lunch □ Snack Instrustion at □ Lunch □ Snack Instrustion at □ State Instruction acting insulin at □ State Instruction acting insuling scale Instruction acting insuling scale Instruction acting insuling scale Instruction acting insuling insuling insuling insuling scale Instruction acting insuling insuling insuling scale Instruction acting insuling insulin	inack iter reading "High" use rection dose pre-meal ed up from school. Insulin Calculation Target bG = Insulin Sensitivity I 1 unit decreases b (time 1 unit decreases b (time If only one ISF, time v Insulin to Carb Rat Bkfast OR time 1 unit per Snack OR time 1 unit per Lunch OR time	Directions mg/dl Factor (ISF G by to io (I:C): gms carb: gms carb: to gms carbs to gms carbs	or mg/dl coverage after meal S: (give number, not range) F):mg/dl)mg/dl) to 4pm if not specified ss		
Hyperglycemia For bG > Check bG or Sensor For sG or bG values For sG or bG values Insulin Name *May substitute Novolog No Insulin in school Delivery Method Syringe/Pen Sn Pump (Brand) Pump (Brand) Student on FDA app pump-basal rate var Suspend/disconnect Suspend pump for h treatment for m Carb Coverage: #gm carb in meal = X units in grand survey services.	Insulin is given mg/dl pre-gym, mg/dl pre-gym, mg/dl pre-gym, mg/dl pre-gym, gwith Humalog/A No insulin a mart Pen – use peter in school:	en before for NO GYM Give insulin of efore dismit of treat for hymg/dl treat for hy	correctionissal hypoglyce for hypoglyce ons units/hr units/hr units/hr units/hr	ss noted here	hrs. since hrs. since hrs. since onot send on bullIN ORDERS ethod: Y at: Breakfa LY at: Breakfa correction dose s since last rapi unch Sna ulated using: ther Orders) Part B) nediately follow n lunch carb cal ructions: mendations for ns, will round do did that has not ler pump failure: o failure: SUSPI e or pen, and n e, only give correct ulin to closest 0.5 unit esn't have ½ unit n ologist. Round DO	Breakfast □ Lunch □ S For bG me last rapid acting insulin □ Give con Im carb snack before dismiss Instrustion as transit, parent to pick S ast □ Lunch □ Snack Instrustion at □ Lunch □ Snack Instrustion at □ State Instruction acting insulin at □ State Instruction acting insuling scale Instruction acting insuling scale Instruction acting insuling scale Instruction acting insuling insuling insuling insuling scale Instruction acting insuling insuling insuling scale Instruction acting insuling insulin	inack Iter reading "High" use Iter reading "High" use Iter reading "High" use Iter reading "High" use Insulin Calculation Target bG = Insulin Sensitivity I 1 unit decreases b (time 1 unit decreases b (time If only one ISF, time v Insulin to Carb Rat Bkfast OR time 1 unit per Snack OR time 1 unit per Lunch OR time 1 unit per	Directions mg/dl Factor (ISF G by to to gms carbsto gms carbsto gms carbsto gms carbsto gms carbsto	or mg/dl coverage after meal S: (give number, not range) F): mg/dl) mg/dl) to 4pm if not specified s s to		



Diabetes Medication Administration Form [Part B]

DUE: June 1st. Forms submitted after June 1st may delay processing for new school year.

Provider Medication Order Form | School Year 2022-23 Please fax all DMAFs to 347-396-8932/8945

CONTINUOUS GLUCOSE MONITORING (COM) ORDERS (Phases are Provider Guidelines for DMAF Competitor)	Student Last N	ame	e First Name OSIS #											
Same and Model of CGM	CONTINUOUS GLUCOSE MONITORING (CGM) ORDERS [Please see 'Provider Guidelines for DMAF Completion']													
For COM, used for insulind coings, fragre sick Do will be done where the appropriate for a comparison of country of the service of the control of country of the service of the country of the control of the country of	☐ Use CGM readings - For CGM's used to replace finger stick bG readings, only devices FDA approved for use and age may be used within the limits of the manufacturer's protocol.													
## Action Comment Com		Name and Model of CGM: For CGM used for insulin dosing: finger stick bG will be done when: the symptoms don't match the CGM readings; if there is some reason to doubt the sensor (i.e. for readings <70 mg/dl or sensor does not show both arrows and numbers)												
Treat hypoglycemia per bG hypoglycemia per CR unduck in 16-20 min. If still < 70 mg/dl check bG. The hypoglycemia per bG hypoglycemia pian: Recheck in 15-20 min. If still < 70 mg/dl check bG. If any arrows				•	akfast	☐ Lunch	n □ Snack		☐ Gym ☐ PRN [if none che	ecked, w	ill use b	G monitoring tim	_	
## Treat hypogycemia per bG hypogycemia plans. Recheck in 15-20 min. If still < 70 mg/df check bG. ## Sof 370 mg/df ## Sof 37	CGM reading		Arrows			Action			□ use < 80 mg/dl inste	ad of <	70 mg/d	I for grid action p	olan	
SG 80-70 mg/dl	sG < 60 mg/dl		Any arrow	'S		Treat hyp	oglycemia p	er l	bG hypoglycemia plan; Rech	eck in 1	5-20 mir	n. If still < 70 mg/	dl check bG.	
Fallew For many and the care practitioner can be reached for urgent dosing orders at:	sG 60-70 mg/dl		West of the second seco											
SG 3 120 modifier e-gym or recess is immediately after lunch, subtract 15 gms of carbs from lunch recess is immediately after lunch, subtract 15 gms of carbs from lunch recess 2 20	sG 60-70 mg/dl		and ↑, ↑↑, or ৴ If symptomatic, treat hypoglycemia per bG hypoglycemia plan; if not symptomatic, recheck in 15-2						heck in 15-20	minutes.				
Carb calculation.			-	S										
PARENTAL INPUT INTO INSULIN DOSING PARENTAL INPUT INTO INSULIN DOSING Parent(s) (Guerdane)		pre-gym or	and ↓, ↓↓			carb calci	ulation.				y after lu	ınch, subtract 15	gms of carbs	from lunch
Parent(s)Guardian(s) (give name).									for treatment and insulin dos	ing				
Parent(s)/Guardian(s) (g/w name)	☐ For student u	ısing CGM, wait 2 ho	ours after me	eal before testi										
Taking the parent's input into account, the nurse will determine the insulin dose within the range ordered by the health care practitioner and in keeping with nursing judgment. Nurse may adjust calculated dose up by					PARE	NTAL IN	IPUT INTO	II C	NSULIN DOSING					
1. Nurse may adjust calculated dose up or down up to				will determine	e the ins	ulin dose	within the ra	ang	e ordered by the health care					
ADDITIONAL INFORMATION Is the child using altered or non-FDA approved equipment? Yes or No [Please note that New York State Education laws prohibit nurses from managing non-FDA devices. Please Preints or non-FDA approved equipment? Yes or No [Please note that New York State Education laws prohibit nurses from managing non-FDA devices. Please PRINT check one MD DO NP PA Address STREET CITV/STATE Zip Email CCC & AP recommend annual seasonal influence well children NYS License # (Required) Tel CCC & AP recommend annual seasonal influence well children CCC & AP recommend annual seasonal influence well	4 5		. 1.1. 1.1					NE.		st calcula	ated dos	e un hv º	6 or down by	%
SLIDING SCALE SLIDING SCALE SLIDING SCALE DO NOT overlap ranges (e.g. enter 0-100, 101-200, etc.). If ranges overlap, the lower dose will be given. Use pre-treatment bG to calculate insulin dose unless other orders. Correction Carrection Carr					o to	unit	s based							
Do NOT overlap ranges (e.g. enter 0-100, 101-200, etc.). If ranges overlap, the lower dose will be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other shall unit syringe(pen). Cuntil be given. Use pre-treatment bG to calculate insulin dose unless of the shall unit syringe(pen). Use sliding scale for correction AND at meals ADD: units for lunch in syringe(pen). Use sliding scale for correction AND at meals ADD: units for lunch in syringe(pen). Use sliding scale for correction AND at meals ADD: units for lunch in syringe(pen). Use sliding scale for correction AND at meals ADD: units for lunch is pre-aklast (sliding scale for correction AND at meals ADD: units for lunch is pre-aklast (sliding scale for correction AND at meals ADD: units for lunch is pre-aklast (sliding scale for correction AND at meals ADD: units for lunch is pre-aklast (sliding scale for correction AND at meals ADD: units for lunch is pre-aklast (sliding scale for correction AND at meals ADD: units for lunch is pre-aklast (sliding scale for correction AND at meals ADD: units for lunch is grade in the salcular for lunch is for lunch is grade in the salcular for lunch is for lunch is for lunch is grade in the salcular for lunch is for lunch is for lunch i										_ -		If the pa	rent requests a	similar
Do NOT overlap ranges (e.g. enter 0-100, 101-200, etc.). If ranges overlap, the lower dose will be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other orders. Cuntil be given. Use pre-treatment bG to calculate insulin dose unless other shall unit syringe(pen). Cuntil be given. Use pre-treatment bG to calculate insulin dose unless of the shall unit syringe(pen). Use sliding scale for correction AND at meals ADD: units for lunch in syringe(pen). Use sliding scale for correction AND at meals ADD: units for lunch in syringe(pen). Use sliding scale for correction AND at meals ADD: units for lunch in syringe(pen). Use sliding scale for correction AND at meals ADD: units for lunch is pre-aklast (sliding scale for correction AND at meals ADD: units for lunch is pre-aklast (sliding scale for correction AND at meals ADD: units for lunch is pre-aklast (sliding scale for correction AND at meals ADD: units for lunch is pre-aklast (sliding scale for correction AND at meals ADD: units for lunch is pre-aklast (sliding scale for correction AND at meals ADD: units for lunch is pre-aklast (sliding scale for correction AND at meals ADD: units for lunch is grade in the salcular for lunch is for lunch is grade in the salcular for lunch is for lunch is for lunch is grade in the salcular for lunch is for lunch is for lunch i			SI IDING 9	SCALE						OPI	TION A	ODDEDS		
Shack Shac			r 0-100, 101	-200, etc.). If					☐ Round insulin dosing to	nearest	whole u	nit: 0.51-1.50u ro		
Breakfast Correction Corr						bG		7		rection <u>A</u>	<u>AND</u> at r	neals ADD:		
Snack Snack Snack Siding scale must be marked as correction dose only					Zero							units for s	snack;	
Correction Dose Correction								- 1				ction dose only)		
OTHER ORDERS HOME MEDICATIONS None None] [☐ Long-acting insulin giv	en in so	chool –	Insulin Name:		
OTHER ORDERS HOME MEDICATIONS None				Oose						_				
Medication Dose Frequency Time Route		-				-		1	Dose:units	Tim	ne	or	☐ Lunch	
Insulin Other ADDITIONAL INFORMATION Is the child using altered or non-FDA approved equipment? Yes or No [Please note that New York State Education laws prohibit nurses from managing non-FDA devices. Please provide pump-failure and/or back up orders on DMAF Part A Form.] By signing this form, I certify that I have discussed these orders with the parent(s) / guardian(s). Health Care Practitioner LAST FIRST SIGNATURE DATE PLEASE PRINT check one MD DO NP PA Address STREET CITY/STATE ZIP Email NYS License # (Required) Tel Fax CDC & AAP recommend annual seasonal influenza vaccination for all children	OTHER ORD	ERS												
Other ADDITIONAL INFORMATION Is the child using altered or non-FDA approved equipment? Yes or No [Please note that New York State Education laws prohibit nurses from managing non-FDA devices. Please provide pump-failure and/or back up orders on DMAF Part A Form.] By signing this form, I certify that I have discussed these orders with the parent(s) / guardian(s). Health Care Practitioner LAST FIRST SIGNATURE PLEASE PRINT check one MD DD NP PA Address STREET CITY/STATE ZIP Email NYS License # (Required) Tel Fax CDC & AAP recommend annual seasonal influenza vaccination for all children										Dose		Frequency	Time	Route
ADDITIONAL INFORMATION Is the child using altered or non-FDA approved equipment? Yes or No [Please note that New York State Education laws prohibit nurses from managing non-FDA devices. Please provide pump-failure and/or back up orders on DMAF Part A Form.] By signing this form, I certify that I have discussed these orders with the parent(s) / guardian(s). PLEASE PRINT check one MD DO NP PA Address STREET CITY/STATE ZIP Email NYS License # (Required) Tel Fax CDC & AAP recommend annual seasonal influenza vaccination for all children														
Is the child using altered or non-FDA approved equipment? Yes or No [Please note that New York State Education laws prohibit nurses from managing non-FDA devices. Please provide pump-failure and/or back up orders on DMAF Part A Form.] By signing this form, I certify that I have discussed these orders with the parent(s) / guardian(s). Health Care Practitioner LAST FIRST SIGNATURE DATE PLEASE PRINT check one MD DO NP PA Address STREET CITY/STATE ZIP Email NYS License # (Required) Tel Fax CDC & AAP recommend annual seasonal influenza vaccination for all children									viner					
Is the child using altered or non-FDA approved equipment? Yes or No [Please note that New York State Education laws prohibit nurses from managing non-FDA devices. Please provide pump-failure and/or back up orders on DMAF Part A Form.] By signing this form, I certify that I have discussed these orders with the parent(s) / guardian(s). Health Care Practitioner LAST FIRST SIGNATURE DATE PLEASE PRINT check one MD DO NP PA Address STREET CITY/STATE ZIP Email NYS License # (Required) Tel Fax CDC & AAP recommend annual seasonal influenza vaccination for all children														
Please provide pump-failure and/or back up orders on DMAF Part A Form.] By signing this form, I certify that I have discussed these orders with the parent(s) / guardian(s). Health Care Practitioner LAST FIRST SIGNATURE DATE PLEASE PRINT check one						ADD	ITIONAL I	NF	ORMATION					
By signing this form, I certify that I have discussed these orders with the parent(s) / guardian(s). Health Care Practitioner LAST FIRST SIGNATURE DATE PLEASE PRINT check one														
PLEASE PRINT check one MD DO NP PA Address STREET CITY/STATE ZIP Email NYS License # (Required) Tel Fax CDC & AAP recommend annual seasonal influenza vaccination for all children				ing this form,		y that I ha	ave discuss				uardiar			
Address STREET CITY/STATE ZIP Email NYS License # (Required) Tel Fax CDC & AAP recommend annual seasonal influenza vaccination for all children														
NYS License # (Required) Tel Fax CDC & AAP recommend annual seasonal influenza vaccination for all children														
influenza vaccination for all children														
	NYS License # (R	equired)		Tel					Fax			influenza vaccin	ation for all chi	

Office of School Health DUE: June 1st. Forms submitted after June 1st may delay processing for new school year.

Diabetes Medication Administration Form

Provider Medication Order Form | School Year 2022-23 Please fax all DMAFs to 347-396-8932/8945

PARENTS AND GUARDIANS: READ, COMPLETE, AND SIGN. BY SIGNING BELOW, I AGREE TO THE FOLLOWING:

- 1. I consent to the nurse giving my child's prescribed medicine, and the nurse/trained staff checking their blood sugar and treating their low blood sugar based on the directions and skill level determined by my child's health care practitioner. These actions may be performed on school grounds or during school trips.
- 2. I also consent to any equipment needed for my child's medicine being stored and used at school.

3. I understand that:

- I must give the school nurse my child's medicine, snacks, equipment, and supplies and must replace such medicine, snacks, equipment and supplies as needed. The Office of School Health (OSH) recommends the use of safety lancets and other safety needle devices and supplies to check my child's blood sugar levels and give insulin.
- All prescription and "over-the-counter" medicine I give the school must be new, unopened, and in the original bottle or box. I will provide the school with current, unexpired medicine for my child's use during school days.
 - Prescription medicine must have the original pharmacy label on the box or bottle. Label must include: 1) my child's name, 2) pharmacy name and phone number, 3) my child's health care practitioner's name, 4) date, 5) number of refills, 6) name of medicine, 7) dosage, 8) when to take the medicine, 9) how to take the medicine and 10) any other directions.
- I must immediately tell the school nurse about any change in my child's medicine or the health care practitioner's instructions.
- OSH and its agents involved in providing the above health service(s) to my child are relying on the accuracy of the information in this form.
- By signing this Medication Administration Form (MAF), I authorize OSH to provide diabetes-related health services to my
 child. These services may include but are not limited to a clinical assessment or a physical exam by an OSH health care
 practitioner or nurse.
- The medication order in this MAF expires at the end of my child's school year, which may include the summer session, or when I give the school nurse a new MAF (whichever is earlier). When this medication order expires, I will give my child's school nurse a new MAF written by my child's health care practitioner.
- OSH and the Department of Education (DOE) are responsible for making sure that my child can safely test their blood sugar.
- This form represents my consent and request for the diabetes services described on this form. It is not an agreement by OSH to
 provide the requested services. If OSH decides to provide these services, my child may also need a Student Accommodation Plan.
 This plan will be completed by the school.
- For the purposes of providing care or treatment for my child, OSH may obtain any other information they think is needed about my child's medical condition, medication or treatment. OSH may obtain this information from any health care practitioner, nurse, or pharmacist who has given my child health services.

OSH Parent Hotline for questions about the Diabetes Medication Administration Form (DMAF):718-786-4933

FOR SELF-ADMINISTRATION OF MEDICINE (INDEPENDENT STUDENTS ONLY)

- I certify/confirm that my child has been fully trained and can take medicine on their own. I consent to my child carrying, storing and giving them the medicine prescribed on this form in school. I am responsible for giving my child this medicine in bottles or boxes as described above. I am also responsible for monitoring my child's medication use, and for all results of my child's use of this medicine in school. The school nurse will confirm my child's ability to carry and give them medicine. I also agree to give the school "back up" medicine in a clearly labeled box or bottle.
- I consent to the school nurse or trained school staff giving my child Glucagon if prescribed by their health care provider if my child is temporarily unable to carry and take medicine.

NOTE: It is preferred that you send medication and equipment for your child on a school trip day and for off-site school activities.

Student Last Name		First Name		MI	Date of Birth		
						_/	<i>/</i>
School ATSDBN / Name				Borough		District	
Print Parent / Guardian's Name			Parent / Guardian's Signat	ure for Parts A & B	Date signed		
						/	/
Parent / Guardian's Address				Parent /Guardian's Email			
Telephone Numbers	Daytime Tel No.		Home Tel No.		Cell Phone No.		
Alternate Emergency Contact's	Name		Relationship to Student		Contact Tel No.		



Diabetes Medication Administration Form

Provider Medication Order Form | School Year 2022-23 Please fax all DMAFs to 347-396-8932/8945

For Office of School Health (OSH) Use Only

OSIS Number:							
Received by: Name	Date:/	<i></i>					
Reviewed by: Name	Date:/	/					
□504 □IEP □Other	Referred to School 504 Coordinator	☐ Yes ☐ No					
Services provided by:	☐ OSH Public Health Advisor (for supervised stu	dents only)					
☐ School Based	Health Center						
Signature and Title (RN OR SMD):							
Date School Notified & Form Sent to DOE Lie	aison//						
Revisions as per OSH contact with prescribin	g health care practitioner						
☐ Clarified ☐ Modified							
Notes							