

Sheboygan Cheeb Tsam Daim Ntawv Tso Cai Muab Tshuaj

(Sheboygan County Medication Authorization Form)

Ceeb Toom: Yuav tsum tau ua ib daim ntawv rau ib hom tshuaj

Me Nyuam _____ Hnub Yug _____

Tsev Kawm Ntawv _____ Qib _____ Xib Fwb _____

Hom Tshuaj _____ Muab Ntau Npaum Cas _____

Yuav Kom Muab Tshuaj Siv Li Cas _____ Muab Tsawg Zaus _____ Muab Ntev Li Cas _____
(Xam Lub Caij Kawm Ntawv Ntuj Sov, Tab Sis Tsis Pub Dhau Xyoo Kawm No)

Muab Rau Cov Sij Hawm Twg _____ Pib Hnub Twg _____ Tsum Hnub Twg _____

Yog Siv Tsis Haum Yuav Pom Tshwm Sim Li Cas _____

Yog muab thaum tsim nyog siv (PRN) ces qhia seb tsev kawm ntawv tus neeg muab tshuaj yuav muab tshuaj rau thaum tus mob zoo li cas.

Piv xam: mob taub hau, kub taub hau, hnov mob, hnoos, lwm yam _____

Kuj **kam** _____ **tsis kam** _____ rau tus me nyuam nqa tshuaj thiab/los sis nws siv nws tshuaj rau hauv tsev kawm ntawv. Ntawm nov kuv tso cai rau tsev kawm ntawv tus neeg ua hauj lwm uas xaiv los ntawm tus thawj xib fwb los sis tus kws kuaj mob hauv tsev kawm ntawv kom muab cov tshuaj hais sauv rau kuv tus me nyuam raws li cov lus taw qhia. Kuv kuj tso cai rau tus neeg muab tshuaj no hu nrog kuv tus me nyuam tus kws kho mob tham los sis nrog kuv tham yog tias muaj lus nug txog kev muab tshuaj. Kuv pom zoo yuav qhia rau tsev kawm ntawv paub yog thaum cov tshuaj tas es tsis siv ntiv lawm thiab/los sis hloov yuav kom siv ntau siv tsawg dua qub los sis sij hawm caij nyoog hloov lawm. Kuv to taub tias yog rov qab siv cov tshuaj no, ces yuav tau ua ib daim ntawv tso cai dua tshiab. Kuv to taub tias cov tshuaj uas siv tsis tag ces yuav raug muab pov tseg raws li tsim nyog es tsis dhau 10 hnub yog tias tsis tuaj nqa tom qab tsis siv cov tshuaj lawm. Yuav tsis muab cov tshuaj rau cov me nyuam nqa los tsev. Kuv txaus siab tsis npluas Koog Tsev Kawm Ntawv, tsev kawm ntawv cov neeg ua hauj lwm thiab cov neeg sawv cev, tsis xam cov kws kuaj muab uas tau kawm tiav los, uas yog cov sawv cev nres lawv txoj hauj lwm, ntawm ib yam thiab txhua yam tshwm sim los ntawm txoj kev muab cov tshuaj no siv rau hauv tsev kawm ntawv.

(Niam Txiv los sis Tus Tswj Fwm Kos Npe)

Xov Tooj Hauv Tsev _____

Xav Tooj Tom Hauj Lwm _____

Hnub Tim: _____

(Kws Kho Mob Mam Ua Kom Tiav Toom Hauv Qab No Yog Tias Tshuaj Muab Los Ntawm Kws Kho Mob)

Physician Completes if Medication is Prescribed:

I acknowledge by my signature on this document that I will assist and advise designated school personnel with regard to the administration of medication described below, which includes accepting direct communication. I further acknowledge that all instructions should be stated in language of the lay person. I further understand that if the student is allowed to self-administer medication that proper instruction has been given.

Diagnosis/Reason for Medication _____

Medication _____ Dose _____

Route/Mode of Administration _____ Frequency _____ Duration _____

(Include Summer School, but not to exceed current school year)

Times to be given _____ Start Date _____ Stop Date _____

Special Instructions for Administration _____

Potential Adverse Reactions _____

(If noted, school personnel should contact parent/guardian/or physician)

Request that school nurse see student in follow-up for: _____

Student **may** _____ or **may not** _____ carry and/or self-administer medications at school._____
(Practitioner Signature)_____
(Phone Number)_____
(Practitioner Name)_____
(Practitioner Address)

**SHEBOYGAN CHEEB TSAM ME NYUAM
DAIM NTAWV TSO CAI MUAB TSHUAJ
(Sheboygan County Student Medication Authorization Form)**

Nyob zoo txog Niam Txiv los sis tus Tswj Fwm:

Kev muab tshuaj rau me nyuam tsim nyog cov niam txiv/cov tswj fwm yog tus muab rau siv tom tsev ntau npaum li ua tau. Nyob rau tej lub sij hawm uas yuav ua tsis tau li ntawd, ces yuav tsum muaj ntaub ntawv sau npe tso cai rau tsev kawm ntawv cov neeg ua hawj lwm muab tshuaj rau. **Yuav tsum tau ua ib daim ntawv rau ib hom tshuaj.**

Rau cov tshuaj tsis siv daim ntawv muab tshuaj los ntawm tus kws kho mob (cov tshuaj FDA pom zoo siv):

Yuav tsum tau daim ntawv tso cai los ntawm Niam Txiv/tus Neeg Tswj Fwm.

Rau cov tshuaj muaj daim ntawv tso siv los ntawm tus kws kho mob (thiab cov tshuaj FDA tsis pom zoo siv):

Yuav tsum tau daim ntawv tso cai los ntawm Niam Txiv/tus Neeg Tswj Fwm thiab tau ntawv tso cai los ntawm tus Kws Kho Mob.

Cov neeg ua hauj lwm hauv tsev kawm ntawv los sis cov neeg sawv cev rau tsev kawm ntawv yuav tsis muab tshuaj rau me nyuam txog thaum ua tiav cov ntawv tso cai no es tsev kawm ntawv tau txais khaws tseg muaj rau hauv tsev kawm ntawv. Yuav muab cov ntaub ntawv tso cai siv tshuaj thiab muab tshuaj no khaws tseg kom zoo tsis pub rau lwm cov neeg sab nrauv pom raws li txoj cai teev los ntawv tsab cai hauv lub xeev no hu Wis. Stat. 118.29(4).

Txhua yam tshuaj yuav tsum cia nyob rau hauv nws thawj lub kav tshuaj uas muaj tus me nyuam npe, qhia tias muab tsawg zaus, sij hawm twg thiab muab ntau npaum li cas rau. Txhua yam tshuaj muaj ntaub ntawv muab los ntawm kws kho mob yuav tsum cia nyob rau hauv nws thawj lub kav tshuaj uas muaj daim ntawv lo rau lub kav uas yog daim ntawv los ntawm qhov chaw nqa tshuaj. Txhua yam tshuaj yuav muab xauv cia rau hauv ib lub txee rau khoom kom tsis txhob muaj leej twg mus kov tau los sis muab cia rau ib qhov chaw uas tsuas yog cov neeg muaj cai muab tshuaj rau cov me nyuam thiaj li mus tau xwb.

Nws yog cov niam txiv lub luag hauj lwm nqa cov tshuaj tuaj rau hauv tsev kawm ntawv thiab tuaj nqa cov tshuaj siv tsis tag rov qab mus tsis pub dhau 10 hnuv tom qab tsis siv cov tshuaj lawm. Yuav tsis kam cia cov me nyuam nqa cov tshuaj tom tsev kawm ntawv los. Tsev kawm ntawv tus neeg muab cov tshuaj no rau cov me nyuam yuav tsum tau txais kev cob qhia kom paub thiab txais kev kawm kom paub. Cov tshuaj, uas FDA tsis pom zoo (xws li tshuaj ntsuab, tshuaj qab los), yuav tsum tau daim ntawv los ntawm tus kws kho mob uas sau qhia txog cov kauj ruam siv cov tshuaj no thiab yuav tsum tau daim ntawv tso cai siv los ntawm niam txiv. Cov tshuaj uas niam txiv los sis tus tswj fwm muab tuaj es tsis yog hom muab los ntawm kws kho mob ces tsuas pub siv cov tshuaj uas ntim rau lub kav tshuaj muab los ntawm lub tuam txhab muag cov tshuaj no uas sau meej meej txog cov tshuaj tias muaj tsawg hom tshuaj sib tov rau ntawm lub kav tshuaj thiab qhia tias siv npauj li cas. Rau txoj kev saib xyuas kom tsis muaj teeb meem thiab kom tiv thaiv txhua tus me nyuam, Koog Tsev Kawm Ntawv muaj cai tsis yeem muab cov tshuaj siv pab thiab/los yog lwm hom tshuaj, tsis raug FDA cov cai txawm tias muaj ntawv kos npe los ntawm tus kws, yog hais tias txoj kev siv cov khoom no yuav ua pa tsw raug thiab/los yog ua ib txoj kev cuam tshua kev nyab xeeb rau lwm cov neeg nyob rau hauv tsev kawm ntawv.

Cov me nyuam kawm ntawv uas muab tshuaj rau nws tus kheej yuav tsum tau ua daim ntawv tso cai muab tshuaj kom tiav tso rau hauv tsev kawm ntawv. Pom zoo kom tus me nyuam tsis txhob nqa cov tshuaj ntau ntau nrog nws es tsuas pub nqa kom txaus siv li ib lim piam (as thiv) xwb.

Nyob rau hauv tus neeg kuaj mob txoj cai ua hauj lwm, tej zaum tsev kawm ntawv tus neeg kuaj mob kuj tsis kam muab los yog tsis kam tso lwm tus muab tshuaj dab tsi li, uas, raws li qhov nws ntsuam xyuas thiab raws li nws kev txiav txim li ib tug kws txh awj ntse, yog nws xav tias tsam muaj teeb meem dab tsi, yuav ua rau mob ntxiv, los sis tsis tsim nyog muab. Yog thaum zoo li no, tus neeg kuaj mob mam qhia rau niam txiv/tus tswj fwm thiab qhia rau tus kws muaj ntaub ntawv muab tshuaj paub tias yog vim li cas nws thiaj tsis kam muab. Nyob rau hauv lub xeev no tsab cai hu Wis. State 118.29(2)(a)(3), leej twg los xij tsuav tau kev tso cai muab tshuaj rau me nyuam xws li cov tshuaj tsis siv ntaub ntawv los ntawm tus kws kho mob los sis cov tshuaj yuav tsuam tau ntawv muab los ntawm kws kho mob, tsis xam cov kws kuaj mob (nurse), yuav tsis raug npluas dab tsi yog hais tias nws tsis yog tab meeg hlo txhob txwm tsis ua los sis tsis muab.

Muaj daim ntawv tso cai nyob sab nraum daim ntawv no