

PRE-K NURSING ORDER CHECKLIST

Student: _____ ID#: _____ Staffing Specialist: _____

(This form is to be submitted to the Pre-K office with the nursing order packet)

PARENT INSTRUCTIONS WHEN REQUESTING MEDICAL FORMS:

1. The treating physician/specialist completes with the treatment/medication required during the SCHOOL DAY (not at home) and signs the forms. Stamped signatures are not accepted.
2. All services (Medications, Route, Dose, Time of Day of Given, Special Instructions Treatment, Description...) **MUST MATCH EXACTLY ON ALL THREE FORMS; Each form is required either by the Department of Health or for consideration of In-School Nursing.**
 - ❖ Physician's Referral for In-School Nursing Services (FM-4560)
 - ❖ Authorization for Medication (FM-2702)
 - ❖ Action Plan (*Allergies, Asthma, Seizures, and Diabetes-FM-7596*)
3. White out cannot be used. Mistakes are crossed out (with one line) and initialed by physician.
4. All forms must be completed by the same physician.
5. Parent is responsible for treatment pending medical review and recommendation to IEP/504 team.

Physician's Referral for In-School Nursing Services (FM-4560):

- Top of page is typed and completed by staffing specialist (Student's Name, DOB, ID #, School Contact Person).
- School hours are indicated for Full Day (8:20 AM-1:50 PM) or Half Day (8:20 AM-10:50 AM/11:20AM -1:50PM).
- All other information is completed by physician not by parent.
- The form is signed by the same physician whose name is on Mutual Exchange of Information (FM- 2128) and if applicable, Authorization for Medication (FM- 2702).
- Medications administered during non-school hours should not be included on Nursing Order forms.
- Over the counter medications do not require a nurse. These medications are required on the Authorization for Medication form for school staff to administer.

Authorization for Medication (FM-2702):

- For each medication listed on FM-4560, there needs to be a FM-2702 completed. (one form per medication listed on FM-4560).
- Route, Dose, Time of Day, and Special Instructions **MATCH EXACTLY FM-4560 Section V.**
- Parent and physician signed form.
- Physician's name and address is the same as FM-4560.
- Over the counter medications should not be included in nursing order forms. Suggestions for wording here...

IEP/504 Pages to Include:

- Page 1, Related Services page, Other Pertinent Information page, Conference Notes page; IEP conference notes specify why nursing order is needed. Include 504 plan if applicable. In the packet, you did not include FM-1920, 504 Eligibility, Notice of Meeting, etc.

Action Plan:

- ❖ Include an action plan form if one of the following conditions is indicated on FM-4560 and FM-2702:
- ❖ Asthma, Epilepsy/Seizures, Diabetes FM-7596, Severe Allergies, Sickle Cell Disease, Cystic Fibrosis. Action plan forms can be printed from Pre-K website.
- Student information and contact information is completed on the form (Name, ID#, School, School Contact Person, Phone...).
- Action plan medications and special instructions depending on symptomatology or in case of emergency, match medications on FM-4560 and FM-2702.
- Physician and parent signed form, if applicable.
- No areas are left blank, unless information is not applicable.

Mutual Exchange of Information (FM-2128):

- Top of page is typed and completed by Staffing Specialist (Student's Name, Date, DOB, ID #...).
- Parent completed the "Name" and "Address" for physician's office.
- Physician's name and address match name and address on FM-4560 and FM-2702.
- Records pertain to (Is written as): "(Indicate child's first/last name) medical information".
Purpose for making records available: "To support the medical needs of the student", is written.
- Form is signed by the parent.
- Please return this form to: (Staffing Specialist name, phone # and/or location...) is completed.

- ❖ Read line by line and review all forms carefully. Make sure there are no errors and/or there are no lines left blank.
- ❖ Make sure white-out was not used. If the physician makes an error, it is acceptable for the physician to cross out (with one line) and write initials. Physician's signature should be original not a stamp. If ARNP or PA signs the forms, the physician also signs & prints name.
- ❖ Before accepting forms from parent or school, review forms carefully. Immediately inform parent of corrections prior to submitting forms to the Pre-K office.
- ❖ Staffing Specialist will notify parent, when nursing order has been approved, processed or needs revision.

By signing this form, I attest that this form has been reviewed by
me _____ (Staffing Specialist name)