

Owatonna Public Schools/iskuulka bulshada ee owatonna
Cardiac Care Plan/qorshaha loogu xanaaneenikaro wadna xanuunka

We understand that your child has a cardiac condition identified as _____ which could Waxaan ogaanay cunagaada in uu qabo wadna xanuunka looyaqaano _____ kaasoo u baahan xaalad dagdag ee caafimaad require emergency medication or care. In order to plan for your child's care, we need the following si an qosha an uu gu samayna cunagada waxaan u baahanahay warbiximadaan soo socda information. Please discuss this with your physician and child so all understand and agree about what información. Fadlan kalahadal dhakhtarka iyo cunagaada waxa lasamaynaayo hadii ay timaado xaalad dagdag ah. will happen in the event of an emergency. **If in the judgment of school personnel, a medical emergency exists, 911 will be called..**

Student Information/warbiximada ardayga

Name of Student/magaca ardayga _____
Date of Birth/taariiqda uu dhashay: _____ Grade/fasalaka _____
Homeroom Teacher or Class/macalinka fasaka: _____

Describe Condition (for example, symptoms of onset) / **sharax xaalada(tusaale,calaamadaha lagu garankaro:** _____

Emergency Information/warbiximada dagdag ah

Parent or guardian name (s')/magaca walidka/wakiilka _____
Mother/hooyo Telephone/tlefoon (G): _____ (W) _____
Father/aabe: Telephone/Telefon (G): _____ (W) _____
Physician's name/magaca dhakhtarka: _____ Telephone/Telefoon _____

In case of emergency, contact/hadii aytimaado xaalad dagdag ah laxariir:

1. _____ Telephone/Teléfono _____
2. _____ Telephone/Teléfono _____
3. _____ Telephone/Teléfono _____

Emergency Plan/qorshaha dagdaga ah

List in order the steps to be taken in the event of an emergency; steps might include prescribed **Qor waxa lasamaynaayo hadii ay timaado xaalad dagdag ah:waxa lasamaynaayo waa in ay ku jiraan** giving medications, calling 911, or calling parents.

In lasiiyo daawo,in lawaca 911 ama in lawaca waalidka:

1. _____
2. _____
3. _____
4. _____
5. _____

Please note, if medication is to be given it must be accompanied by a physicians order and consent from **Fadlan xasuusnow:hadii lasiinaayo daawada waa in ay lasocota amar uu bixiyay dhakhtarka iyo ogalaanshaha waalidka-fiiri "codsiga daawada iyo foomka ogalaanshaha"** the parents – see enclosed "Medication Request and Authorization" form..

Parent/guardian signature/saxiixa waalidka/wakiilka _____ Date/taariiq _____
Reviewed by health office/waxaa arkay xafiika caafimaadka _____ Date/taariiq _____