



Westerville City Schools

936 Eastwind Drive, Westerville, OH 43081
Main Office (614)797-5700, Fax (614)797-5701

Waalidka/Mas'uulka Qaaliga ahoow,

Marka loo eego diiwaanadayada caafimaadka, ilmahaagu waxa uu horay u qabay Neef. Si aan ardaygaaga u siino daryeelka ugu fiican ee suurtoogalka ah inta lagu jiro saacadaha dugsiga, fadlan buuxi foomamka soo socda:

1. Qorshaha Waxqabadka Neefta (waxaa lagu beddeli karaa foomka bixiyaha caafimaadka haddii dhammaan macluumaadka lagu daro) - Waa inay buuxiyaan oo ay saxiixaan bixiye caafimaad IYO waalidka/masuulka.
2. Ogolaashada in Ardayga uu Haysto oo Isticmaalo Qalabka Neefta (Asthma Inhalers) - Bixiyeyaasha caafimaadka iyo waalidiintu waa inay buuxiyaan oo saxeexaan haddii aad rabto in ardaygaagu uu wato daawada neefsiga inta lagu jiro saacadaha dugsiga. Ardaygu WAA inuu muujiyo oo xirfad u leeyahay inuu haysan karo oo iskii u isticmaali karo daawada neefta ee degdega ah, oo ay ku jirto marka ay tahay inuu u sheego qof weyn haddii astaamuhu aanay ka soo rayn ka dib markuu dawada qaato.
3. Codsiga in Ardayga la siiyo Daawooyin loo soo qoray inta lagu jiro saacadaha dugsiga - Dhammaan daawooyinka riyeeto la'aan la iibsado iyo kuwa loosoo qoray ee lagu hayo rugta caafimaadka waa inuu la socdaa amarka bixiyaha oo saxiixan oo galka ku jiro. Haddii ilmahaagu u baahan yahay dawooyin kale oo ka baxsan daawooyinka neefta ee loogu qoray qorshaha hawlqabadka neefta ee lagu hayo rugta caafimaadka, fadlan ka codso dhakhtarkaaga inuu buuxiyo oo saxiixo foomkan. Waalidka/masuulku waa inuu sidoo kale foomkan saxiixaa.

Fadlan wixii su'aalo ama walaac aad qabto la xiriir rugta caafimaadka ee dugsiga.

Si daacadnimo leh,

Kalkaalisooniyinka Degmo Dugsiyeedka Magaalada Westerville

Qorshaha Waxqabadka Neefta ee Guriga iyo Dugsiga



Magaca _____ T.Dhalashada ____/____/____

Kala Soocidda Darnaanta Marmar ah Xoogaa soo noqnoqonaya Dhexdhexaad ah Aad u Daran

Lista waxyaabaha Neefta Kiciyaha (liiska) _____

Cabbirka Qulqulka Haweed ee Kuugu Fiican _____

Aagga Cagaaran: Kuu Hagaagsan

Astaamaha: Neefsashadu way wanaagsantahay - Qufac iyo xiiq ma leh - Wuu shaqayn karaa oo ciyaari karaa - Si fiican ayuu u seexdaa habeenkii - Cabbirka Qulqulka Haweed (in ka badan 80% ee kuugu wanaagsan)

Xakamaynta (Daawada) Daawooyinka _____ Intee in le'eg ayaa la qaadanayaa _____ Goorta iyo inta jeer ee la qaadanayo _____ Ku qaado
 Guriga Dugsiga
 Guriga Dugsiga

Jimicsiga Jirka Isticmaalaa albuterol/levalbuterol _____ hiraanhirid, 15 daqiiqo ka hor dhaqdhaqaaqa dhammaan dhaqdhaqaaqyada markuu ilmuhu dareemo inuu u baahan yahay

Aagga Jaallaha ah: Taxaddar

Calaamadaha: Xoogaa ku dhiban xaga neefsashada - Qufaca, hiraanhirka, ama laab ciriiriga - Ku dhiban shaqada ama ciyaarta - Soo kicidda habeenkii- Cabbirka Qulqulka Hawada illaa _____ (inta u dhaxayso 50% iyo 70% ee kuugu wanaagsan)

Nafis degdeg ah Daawo(oyin) Albuterol/levalbuterol _____ hinraag, 4 saacadood kasta, hadba sida loogu baahdo
Xakamaynta Daaw-ada(ooyinka) Sii Wad Daawooyinka Aagga Cagaaran
 Ku dar _____ U baddel _____

Ilmuhu waa inuu ku roonaadaa 20-60 daqiiqo gudahood kadib daaweynta degdegga ah. Haddii ilmuhu ka sii darayo ama uu ku jiro Aagga Jaallaha ah in ka badan 24 saacadood, ka dib raac tilmaamaha AAGGA CASAANKA oo isla markaaba dhakhtarka wac!

Aagga Cas: Caawino Hel Hadda!

Calaamadaha: Dhibaatooyin badan ku qaba neefsashada - Aan shaqeyn karin ama ciyaari karin - Ka sii daraysaa halkii ay ka fiicnaan lahayd - Daawadu aynan wax ka tarayn- Cabbirka Qulqulka Hawada _____ (in ka yar 50% ee kuugu wanaagsan)

Qaado Daawo Nafis Degdega ah HADDA! Albuterol/levalbuterol _____ hinraag , _____ (inta jeer)

Isla markiiba wac 911 haddii calaamadaha khatarta ah ee soo socda ay jiraan

- Ku dhibanaanta socodka/hadalka oo ay sabab u tahay neefta oo kugu yar
- Bushimaha ama cidiyaha faraha oo buluug ku noqda
- Weli ku jira aagga cas 15 daqiiqo ka dib

Shaqaalaha Dugsiga: Raac tilmaamaha Aagga Jaallaha iyo Casaanka ah ee dawooyinka nafisidda degdegga ah iyadoo loo eegayo calaamadaha neefta. Daawooyinka xakameeyaha kaliya ah ee dugsiga lagu siinayo waa kuwa ku taxan Aagga Cagaaran oo ay ku dheggaan tahay calaamadda "Ku Qaado Dugsiga (Take at School)".

Bixiyeyaasha daryeelka caafimaadka iyo Waalidka/Mas'uulka labaduba waxay dareemeen in ilmuhu xirfad uleeyahay inuu qaadan karo oo uu iskii u-maamulan karo daawada neefta ee degdegga ah, oo ay ku jirto marka ay tahay inuu u sheego qof weyn haddii astaamuhu ayna soo roonayn ka dib markuu dawada qaato.

Bixiyaha Daryeelka Caafimaadka

Magaca _____ Taariikhda _____ Taleefanka () _____ - Saxiixa _____

Waalidka/Mas'uulka:

Waxaan fasaxay in dawooyinka ku qoran qorshe-hawleed ay ardayga dugsiga ku siiyaan kalkaalisada ama shaqaalaha kale ee dugsiga sida ku habboon.
 Waxaan oggolahay wada xiriir laga maarmaan u ah maaraynta daawa inay dhexmarto bixiyaha daryeelka caafimaadka ee daawada soo qoray ama rugta caafimaadka, kalkaalisada dugsiga, lataliyaha caafimaadka dugsiga, iyo bixiyeyaasha rugaha caafimaadka ee dugsiga ku yaallo.

Magaca _____ Taariikhda _____ Taleefanka () _____ - Saxiixa _____

Kalkaalisada Dugsiga

Ardaygu wuxuu muujiyay inuu xirfad uleeyahay inuu qaadan karo oo uu iskii u-maamulan karo daawada neefta degdega ah, oo ay ku jirto marka ay tahay in qof weyn loo sheego haddii astaamuhu aanay ka soo rayn ka dib marka daawada la qaato.

Magaca _____ Taariikhda _____ Taleefanka () _____ - Saxiixa _____

Waaxda Caafimaadka Ohio

Oggolaashada in Ardayga uu Haysto oo Isticmaalo Qalabka Neefta (Asthma Inhalers)

Sida waafaqsan ORC 3313.716/3313.14

Foom la buuxiyay waa in loo geeyaa maamulaha dugsiga iyo/ama kalkaalisada ka hor inta aanu ardaygu u qaadan oo aanu ku isticmaalin daawada neefta gudaha dugsiga si loo yareeyo calaamadaha neefta, ama ka hor jimicsiga si looga hortago bilawga calaamadaha neefta.

Magaca ardayga
Cinwaanka ardayga

Qaybtan waa in uu buuxiyaa oo uu saxiixaa waalidka ama masuulka ardayga.

Anigoo ah Waalidka/Mas'uulka ardaygan, waxaan u fasaxayaa ilmahayga inuu ku haysto oo ku isticmaalo daawada neefta siiso (asthma inhaler), sida loo qoray, dugsiga iyo hawl-qabad kasta, munaasabad, ama barnaamij kasta oo uu dugisga qabanayo ama uu dugisga ardaygu uu ka qayb galayo.

Saxiixa Waalidka/Masuulka	Taariikhda
Magaca Waalidka/Mas'uulka	Lambarka taleefanka degdegga ah ee Waalidka/Mas'uulka ()

Qaybtan waa in dhakhtarka ardaygu uu buuxiyaa oo uu saxiixaa.

Magaca iyo qiyaasta daawada	
Taariikhda isticmaalka daawadu bilaabmayso	Taariikhda isticmaalka daawadu ay dhammaanayso (haddii la garanayo)

Habraacyada ay qaadi karaan shaqaalaha dugsiga haddii aysan daawadu yeelan waxtarkii la filayay

Fal-celin xasaasiyadeedka aadka udaran ee suurtagalka ah:

La siiyo ardayga loo qoray (oo ah in lagu wargeliyaa dhakhtarka)
La siinayo ardayda aan dawada loo qorin

Tilmaamaha gaarka ah

Saxiixa dhakhtarka	Taariikhda
Magaca Dhakhtarka	Nambarka taleefoonka degdegga ah ee dhakhtarka ()

Waxaa laga soo Xigtay Ururka Kalkaaliyaasha Dugsiga ee Ohio

DUGSIYADA MAGAALADA WESTERVILLE

CODSIGA IN ARDAYGA LA SIIYO DAAWADA LOO QORAY SAACADAHA DUGSIGA LAGU GUDA JIRO
Sida Uu Farayo Qaybta 3313.713 ee Xeerka Dib Loo Eegay

Magaca Ardayga: _____

Taariikhda Dhalashada: _____

Cinwaanka Guriga Ardayga: _____

Dugsiga: _____

Fasalka: _____

Macalinka: _____

QEYBTA WAALIDKA

1. Foomkan waa in waalidka (qaybta sare) iyo cidda qortay daawada (qaybta hoose) ay labaduba buuxiyaan
2. Daawada waa in lagu hayaa dhalada **daawada lagu calaamadayeeyay ee ardayga**. (Waxaa dhici karta in farmashiyuhu bixiyo dhallo dheeraad ah loona isticmaalo daawada la isticmaalayo muddada dheer.) Calaamadaynta daawadu waa in ay waafaqdaa tilmaamaha dhakhtarka dawada qoray. Haddii ay tahay daawo aan la soo qorin, waa in ay ku jirto weelka asalka ahaa.
3. Waa in waalidka/masuulka ama qof kale oo weyn oo mas'uul ah oo waalidku ka codsadey uu shaqaalaha rugta caafimaadka ee dugsiga uu toos ugu geeyaa kayd daawo la isticmaalo wax aan ka badnayn 2-4 toddobaad. Tani waa in horay loo habeeyo.
4. Haddii wax isbedel ah uu jiro waa in qoraal saxiixan dhakhtarka laga keeno. Foom cusub ayaa loo baahan yahay sannad dugsiyeed kasta.

Marka ay suurtoagal tahay, sii daawada wakhti ka baxsan saacadaha dugsiga. *OGGOLAANSHAHA: Aniga, waxaan u fasaxay Shaqaalaha Dugsiga inay si toos ah ula xiriiraan dhakhtarka haddii ay dhacdo fal-celin xasaasiyadeed oo darran oo degdeg ah sida hoos ku xusan. Oggolaanshahani ma beddelayo mana tirtirayo "Foomka Caafimaadka Degdegga ah".

Saxiixa Waalidka/Masuulka: _____ Taariikhda _____
Saxiixa waalidku waxa uu u fasaxayaa shaqaalaha dugsiga in ay daawada hoos ku qoran siiyaan.

Lambarka taleefanka waalidka: _____
Wakhtiga maalintii _____ Fiidkii _____

QEYBTA DHAKHTARKA

Waxaan xaqiijinayaa in daawadan ay tahay in uu qaato: _____
Magaca Ardayga

DAAWOYINKA MAALINLAHA AH (Marka ay suurtoagal tahay, fadlan isku day inaad jadwal usamayso dawada ka baxsan saacadaha dugsiga)

DAAWADA	QIYAASTA	SIDA LOO SIINAYO	WAKHTIGA LA SIINAYO

DAAWOYINKA LOO ISTICMAALO HADBA SIDA LOOGU BAAHDO

DAAWADA	QIYAASTA	SIDA LOO SIINAYO	WAKHTIGA U DHEXEYTA QIYAASAHA DAWADA LA QAADANAYO

Baaritaanada daawada loogu qoray?	
Wixii Falcelin xasaasiyadeed daran ah ee ay tahay in dhakhtarka loo sheego*?	
Tilmaamaha gaarka ah ee isticmaalka daawada, oo ay ku jiraan xaaladaha jeermis-dilidda ah iyo kaydinta?	
Taariikhda iskuulka laga bilaabay siinta daawada:	Taariikhda dhicidda:

X
Saxiixa Dhakhtarka dawada Qoray _____ Taariikhda _____

Magaca qoran ee dhakhtarka dawada qoray: _____

Taleefanka: _____

Ciwaanka dhakhtarka dawada qortay: _____

Haddii fakis ahaan loogu diro dugsiga, waa mas'uuliyadda waalidka in uu hubiyo in la helay

FAKIS LAMBAR: _____
HSS 5330 F1 7/18/2022



Westerville City Schools

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Vision

Our vision is
to be the benchmark
of educational
excellence.

Mission

Our mission is
to prepare students
to contribute
to the competitive
and changing world
in which we live.

Values

Respect
Inclusiveness
Community
Communication
Collaboration
Innovation
Nurturing
Trust
Accountability

Dear Parents/Guardians,

According to our health records, your child has a history of **Asthma**. In order for us to provide the best care possible for your student during school hours, please complete the following forms:

1. **Asthma Action Plan** (may be substituted with medical provider's form if all information included) - Must be completed and signed by medical provider AND parent/guardian.
2. **Authorization for Student Possession and Use of an Asthma Inhaler** - Medical provider and parent must complete and sign if you would like your student to carry their inhaler with them during school hours. The student **MUST** be able to demonstrate the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medication.
3. **Request to Administer Prescribed Medication to a Student During School Hours** - All over the counter and prescribed medication kept in the clinic must have a provider's signed order on file. If your student requires medication in addition to the inhalers prescribed on the asthma action plan to be kept in the clinic, please request your medical provider complete and sign this form. A parent/guardian must also sign this form.

Please contact the school health clinic with any questions or concerns.

Sincerely,

Westerville City School District School Nurses

Revised August 2022

Asthma Action Plan for Home and School



Name _____ DOB ____/____/____

Severity Classification Intermittent Mild Persistent Moderate Persistent Severe Persistent

Asthma Triggers (list) _____

Peak Flow Meter Personal Best _____

Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night

Peak Flow Meter _____ (more than 80% of personal best)

Control Medicine(s)	Medicine	How much to take	When and how often to take it	Take at
	_____	_____	_____	<input type="checkbox"/> Home <input type="checkbox"/> School
	_____	_____	_____	<input type="checkbox"/> Home <input type="checkbox"/> School

Physical Activity Use albuterol/levalbuterol ____ puffs, 15 minutes before activity with all activity when the child feels he/she needs it

Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or chest tight – Problems working or playing – Wake at night

Peak Flow Meter _____ to _____ (between 50% and 79% of personal best)

Quick-relief Medicine(s) Albuterol/levalbuterol ____ puffs, every 4 hours as needed

Control Medicine(s) Continue Green Zone medicines

Add _____ Change to _____

The child should feel better within 20–60 minutes of the quick-relief treatment. If the child is getting worse or is in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping

Peak Flow Meter _____ (less than 50% of personal best)

Take Quick-relief Medicine NOW! Albuterol/levalbuterol ____ puffs, _____ (how frequently)

Call 911 immediately if the following danger signs are present

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the red zone after 15 minutes

School Staff: Follow the Yellow and Red Zone instructions for the quick-relief medicines according to asthma symptoms.

The only control medicines to be administered in the school are those listed in the Green Zone with a check mark next to “Take at School”.

Both the Healthcare Provider and the Parent/Guardian feel that the child has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

Healthcare Provider

Name _____ Date _____ Phone (____) ____ - _____ Signature _____

Parent/Guardian

I give permission for the medicines listed in the action plan to be administered in school by the nurse or other school staff as appropriate.

I consent to communication between the prescribing health care provider or clinic, the school nurse, the school medical advisor and school-based health clinic providers necessary for asthma management and administration of this medicine.

Name _____ Date _____ Phone (____) ____ - _____ Signature _____

School Nurse

The student has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

Name _____ Date _____ Phone (____) ____ - _____ Signature _____

Ohio Department of Health

Authorization for Student Possession and Use of an Asthma Inhaler

In accordance with ORC 3313.716/3313.14

A completed form must be provided to the school principal and/or nurse before the student may possess and use an asthma inhaler in school to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms.

Student name
Student address

This section must be completed and signed by the student's parent or guardian.

As the Parent/Guardian of this student, I authorize my child to possess and use an asthma inhaler, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.

Parent /Guardian signature	Date
Parent/Guardian name	Parent/Guardian emergency telephone number ()

This section must be completed and signed by the student's physician.

Name and dosage of medication	
Date medication administration begins	Date medication administration ends (if known)

Procedures for school employees if the medication does not produce the expected relief

Possible severe adverse reactions:

To the student for which it is prescribed (that should be reported to the physician)
To a student for which it is not prescribed who receives a dose

Special instructions

Physician signature	Date
Physician name	Physician emergency telephone number ()

Adapted from the Ohio Association of School Nurses

WESTERVILLE CITY SCHOOLS

REQUEST TO ADMINISTER PRESCRIBED MEDICATION TO A STUDENT DURING SCHOOL HOURS
As Required By Section 3313.713 Ohio Revised Code

Student Name: _____ Date of Birth: _____

Student Address: _____

School: _____ Grade: _____ Teacher: _____

PARENT SECTION

1. This form must be completed by both the parent (top section) and the prescriber (bottom section)
2. Medication must be kept in the **student's prescription labeled bottle**. (Pharmacy may provide an extra bottle for long-term medication.) Prescription label must match instructions from prescriber. If it is a non-prescription drug, it must be in the original container.
3. Deliver no more than 2 -4 weeks supply of medication to school clinic staff directly by the parent/guardian or other responsible adult at parental request. This should be arranged in advance.
4. A revised statement signed by the prescriber must be provided for any changes. A new form is required every school year.

When possible, give medication outside of school hours. *CONSENT : I, give consent for School Staff to make direct contact with the prescriber should an emergency adverse reaction indicated below occur. This consent does not supersede nor abrogate the "Emergency Medical Form".

Signature of parent: _____ Date: _____
Parental signature authorizes school personnel to administer the below prescribed medication.

Parent phone number: _____
Day time _____ Evening _____

PHYSICIAN SECTION

I verify that this medication must be taken by: _____
Name of Student

FOR DAILY MEDICATIONS (When possible, please attempt to schedule medication outside of school hours)

DRUG	DOSE	ROUTE	TIME TO BE GIVEN

FOR AS NEEDED MEDICATION

DRUG	DOSE	ROUTE	TIME INTERVAL BETWEEN DOSES

Diagnosis for which medication is prescribed?	
Any severe adverse reactions that should be reported to the prescriber *?	
Special instructions for administration, including sterile conditions and storage?	
Start date to administer at school:	Expiration date:

X
Prescriber's Signature _____ Date _____

Prescriber's Printed Name: _____ Phone: _____

Prescriber's Address: _____

If faxed to school, it is the parent's responsibility to ensure it is received **FAX NUMBER:** _____