

Ogolaanshaha in Ardayga Iskii u qaato Dawooyinka aan Dhakhtar qorin (OTC, Over the Counter) Iyadoo Aan La Kormeerayn

Waalidka ama masuulka sharciga ah waa in qaadashada daawo aan dhakhtar qorin uu u buuxiyaa oo u saxiixaa foom cusub oo oggolaansho ah sannad dugsiyeed kasta. Foomkan la buuxiyay waa inuu ku jiraa diiwaanka caafimaadka ardayga ka hor inta uusan ardaygu soo qaadan oo uusan iskiis daawada dugsiga dhexdiisa ugu isticmaalin.

Magaca Ardayga:	Taariikhda Dhalashada:
Dugsiga:	Fasalka:

Magaca Daawada: _____

Qiyaasta: _____

Waqtiga/Inta Jeer ee la Qaadanayo: _____

Saxiixayga hoose wuxuu tilmaamayaa waxyaabaha soo socda:

- Anigoo ah waalidka ama masuulka sharciga ah ee ardayga fasalka K-12 ee kor lagu magacaabay, waxaan codsanayaa in isaga/iyaga loo ogolaado inay la imaadaan oo ay iskood ug isticmaalaan daawada aan dhakhtar qorin (OTC) saacadaha dugsiga lagu guda jiro. Waxaan fahamsanahay in ardaygaygu ay tahay in uu awood u leeyahay inuu si badbaado leh u haysto oo uu si madax-bannaan u qaadan karo dawadan OTC iyada oo aan la kaalmaynayn ama la kormeerayn.
- Waxaan u sheegay ardayga sida habboon ee loo isticmaalayo dawadan.
- Waxaan fahamsanahay in ilmahayga aan loo ogoleyn inuu haysto ama qaato wax ka badan 1-2 qiyaas oo ah sahayda ardayda fasalka K-5 (dawada lagu talinayo ay tahay mid la calalin karo ama tahay kiniiniga/qaabka kaniiniga) iyo sahay hal toddobaad ah oo loogu talagalay ardayda fasalka 6-12 ee wax kasta oo dawo OTC ah inta lagu jiro saacadaha dugsiga.
- Waxaan qaadan doonaa mas'uuliyadda in dawadaas si bedqab loola yimaado iskuulka iyadoo ku jirta weelkeedii asalka ahaa oo calaamadaysan. **Dhammaan daawooyinka waa in ay ku jiraan weelkooda asalka ahaa.**
- Waxaan fahamsanahay in Guddiga Waxbarashada ama cidda u xilsaaran ay xaq u leeyihiin inay diidaan ama ka noqdaan oggolaanshaha iskaa u qaadashada daawada wakhti kasta.
- Waxaan ka tanaasulay oo aan aqbalay in aanan Guddiga Waxbarashada, saraakiisheeda, iyo shaqaalaheeda aanan u qabsan waxyeellayn iyo wax kasta iyo dhammaan mas'uuliyadda la saadaalin karo ama aan la saadaalin karin ee sababi kara waxyeello ama dhaawac si toos ah ama si dadban uga yimaada oggolaanshahan.
- Waxaan fahamsanahay inaan arday loo ogolayn inuu siiyo ama ka iibiyo nooc kasta oo dawo ah oo aan dhakhtar qorin arday kale. Ku-xadgudubka sharcigan waxaa loo qaadan doonaa ku xad-gudubka Siyaasadda [5530](#)- Kahortagga Maandooriyaha iyo ee Xeerka Anshaxa ardayga/Xeerka Asluubta.

Qor Magaca Waalidka ama Mas'uulka

Taariikhda

Saxeexa Waalidka ama Masuulka

Lambarka Taleefanka Koowaad (loo baahan yahay)

Lambarka Telefoonka Labaad (ikhtiyaar)

EEG FOOMKA 5530 F3- ee loogu talagalay qaatayaasha daawada neefta

EEG FOOMKA 5530 F4 ee loogu talagalay daawaynta tooska ah ee xasaasiyadda daran

Authorization for Student to Carry and Self-Administer Nonprescription Over the Counter (OTC) Medication Without Supervision

A parent or legal guardian must complete and sign a new consent form every school year for each over the counter medication. This completed form must be on file in the student's health record before the student may carry and self administer medication at school.

Student Name:	Date of Birth:
School:	Grade:

Medication name: _____

Dosage: _____

Time/Frequency to be Taken: _____

My signature below indicates the following:

- As the parent or legal guardian of the K-12 grade student named above, I am requesting that he/she/they be allowed to carry and self-administer an over the counter (OTC) medication during school hours. I understand that my student must be able to safely keep in their possession and independently self-administer this OTC medication without assistance or supervision.
- I have instructed the student as to the proper use of this medication.
- I understand my student is not permitted to possess or carry more than a 1-2 dose supply for K-5 grade students (recommend chewable or pills/tablet form) and one week supply for 6-12 grade students of any OTC medication during school hours.
- I will assume responsibility for the safe transport of the medication to school in its original labeled container. **All medications must be kept in the original container.**
- I understand the Board of Education or their designee reserves the right to deny or revoke permission for self-medication at any time.
- I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.
- I understand no student is allowed to provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered violations of Policy 5530- Drug Prevention and of the Student Code of Conduct/Discipline Code.

Printed Name of Parent or Guardian

Date

Signature of Parent or Guardian

Primary Phone Number (required)

Secondary Phone Number (optional)