



Dugsigyada Dowlada ee Gahanna-Jefferson

Isticmaalka Daawada

5330 F3

R.C. 3313.716

OGOLAANSHAHA ARDAYGA EE HAYSASHADA IYO ISTICMAALKA DAAWADA NEEFTA EE AFKA LA ISKAGA BUUFIYO

Magaca Ardayga: _____ **Taariikhda Dhalashada:** _____

Ciwaanka Ardayga: _____

Dugsiga: _____ **Fasalka:** _____ **Macalinka:** _____

- Qaybta 1aad waa inuu buuxiyaa xirfadlaha caafimaadka ee ardayga, xirfadlahaas oo shati u haysta inuu daawo qoro ("daawo qore").
- Qaybta 2aad waa in waalidka/masuulka ardaygu uu buuxiyo oo saxiixo.
- Waa inaad foomkan ugayso maamulaha dugsiga iyo/ama kalkaalisada kahor inta aanay ardaygu daawada neefta dugsiga uqaadan ama ku isticmaalin si looga yareeyo calaamadaha neefta, ama kahor jimicsiga si looga hortago calaamadaha neefta.

I. PRESCRIBER'S SECTION

This is to certify that the above named student is under my care and self-possess and use the below asthma inhaler as prescribed:

Medication	
Dose/Route	
Procedures for school employees if the medication does not produce the expected relief	
Severe adverse reactions to be reported to prescriber	
Start & end date of this request	Start _____ End _____

As a licensed health professional in the State of Ohio, and at the request of this student's parent/guardian, I direct that the above medication be self-administered as indicated above.

Prescriber's printed name and title: _____

Prescriber's Signature: _____ Date: _____

Address: : _____ Phone: _____

II. QAYBTA WAALIDKA/MASUULKA

Anigoo ah waalidka/Masuulka ardayga kor ku xusan, waxaan cunugayga u ogolaadey inuu daawada neefta ee afka la iskaga buufiyo uu qaato dugsiga iyo wax-qabad kasta oo cunugaygu ka qayb galayo una isticmaalo, sida dhakhtarku soo qoray.

Waxaan halkaan ku cadaynayaa in Gudiga Waxbarashada iyo dhamaan shaqaalaha dusigu aysan masuul ka ahayn wixii dhaawac iyo waxyeelo ah ee ka yimaada ogolaanshan.

Waxaan masuul ka ahay inaan dawooyinkan keeno rugta caafimaadka ee dugsiga, oo aan dugsiga si dhakhso ah u wargeliyo hadii dawadan laga maarmo oo la joojinayo.

Waxaan ogolaadey inaan usoo diro *Ogglaansaha Ardayga ee Haysashada iyo isticmaalka daawada Neefta ee Afka la Iskaga Buufiyo* ee dib loo egaay hadii wax laga bedelo daawada kor ku xusan, ama hadii aan iska bedelo xirfadlahayaga/ dkhartarka caafimaadka.

Hadii dawadan loo baahdo inta lagu guda jiro wax-qabadyada habeen dhaxa ee ay degamadu maalgalinayso, waxaan aqbaley inaan qiyaas gaar ah oo dawada kamid ah aan siiyo shaqaalaha dugsiga ee tababaran ee kor joogteynaya wax-qabadyada habeen dhaxa ee cunugayga. Waxaan aqbaley inaan soo diro foomka dib-loo-eegay ee *Ogglaansaha Ardayga ee Haysashada iyo isticmaalka daawada Neefta ee Afka la Iskaga Buufiyo* oo ay ku jiraan tilmaamaha dhakhtarka dawada soo qorey uu bixiyay oo loogu talagaley sida loo isticmaalayo saacadaha dugsiga ka baxsan.

Waxaan ogolaadey isgaarsiinta udhaxaysa dhakhtarka daawada qoray ama rugtooda caafimaadka, kalkaalisada dugsiga, iyo shaqaalaha loo igmadey maaraynta dawooyinka ilmahayga sida loogu baahdo.

Qore Magaca Waalidka/Masuulka: _____

Saxiixa Waalidka/Masuulka: _____ Taariikhda: _____

