



Dugsiyada Dowlada ee Gahanna-Jefferson

Isticmaalka Daawada

5330 F4

R.C. 3313.718

U OGOLAANSHAHA ARDAYGA EE HAYSASHADA IYO ISTICMAALKA CIRBADA LA ISKU DURO

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 kalkaalisda kahor inta aanay ardaygu soo qaadan cirbada la isku duro oo aanu isticmaal in si xasaasiyada looga daweeyo inta dugsiga la joogo.

I. PRESCRIBER'S SECTION

This is to certify that the above named student is under my care and self-possess and use the below epinephrine auto injector:

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, waxaa cunugayga u ogolaadey inuu cirbada xasaasiyada la iskaga duro uu uqaato dugsiga iyo wax-qabad kasta oo cunugaygu ka qayb galayo una isticmaalo, sida dhakhtarku u soo qoray. Waxaan fahamsanahay in shaqaalaha dugsigu uu isla markaaba caawimaad ka codsan doono adeeg bixiyayaasha gar gaarka deg dega ah hadii dawadan la isticmaalo. Waxaan maamulaha ama kalkaalisada dugsiga siin doonaa daawo kayd ah sida sharcigu ina farayo.

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

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 dib usoo diro foomka dib-loo-eegay ee *U Oggolaanshaha Ardayga ee Haysashada iyo Isticmaalka Cirbada la isku Duro* haddii wax laga bedelo daawada kor ku xusan, ama hadii aan iska bedelno 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 ogolaadey inaan dib usoo diro foom dib-loo-eegay ee *U Oggolaanshaha Ardayga ee Haysashada iyo Isticmaalka Cirbada la isku Duro* 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: _____

