

**MORGAN COUNTY SCHOOL DISTRICT RE-3  
NURSE'S OFFICE FORM**

**PERMISSION FOR MEDICATION**

Magac ardeyga \_\_\_\_\_

: \_\_\_\_\_ Macalinka: \_\_\_\_\_

Daaweynta: \_\_\_\_\_ : inta laga cunikara \_\_\_\_\_

sababata daweynta: \_\_\_\_\_

\_\_\_\_\_

Waqtiga daawada laqadanayo \_\_\_\_\_

Saameynta daawado ay keenta: \_\_\_\_\_

\_\_\_\_\_

Muddada waqtiga dawooyinka lagu qaadanayo iskuulka dhexidisa: \_\_\_\_\_

\_\_\_\_\_

Waxaan fasax usiiyey in \_\_\_\_\_ u ku qaadan karo

daawooyinka kor lagu soo sheegey iskuulka dhexdisa.

Waxaan cadeyniyaa in ay mas'uulka aheyn Dugsiga Degmada Morgan waxkasto oo saameyn ama caqabad xun oo ay keento daaweynta.

Ardey dugsiga sare keli: waxaan xaqijiniyaa in u ardeyga aqbalay qababka una fahmay inu shaqsi ahaantiisa qaato daawooyinka ay kamid yihin (goobo hal mid ah) inhaler or Epi-pen:

\_\_\_\_\_ haa \_\_\_\_\_ maya

Saxiixa dhaqtarka \_\_\_\_\_ taarikhada: \_\_\_\_\_ saxiixa walidka \_\_\_\_\_ tarikhada

**Ogeysiine:** daawooyinka dhaqtarka u so qoray waa in ay la socdaan waalka ay kujirta calaamad ugu so dhejiyey farmashiga oo cadeyneysaa magac ardeyga, magac daawada, sida daawada loqadanaayo iyo tilmaan bixin tusineysa sida loo qadanaayo daawada. magaca farmashiga iyo telefonkisaba iyo dhatarka so qoray dawada waa in ay kudheganaadan waalka ay daawada ku jirta. Daawooyinka udhatarka so qorin waa in ay kudhaganaato magaca ardeyga ayna isla markaasi ay kujirto waalkay kuso baxday. waa in ay isku mid noqdaan qaabka lo qadanaayo daawada ee uso qoray dhatarka iyo midda lasocota waalka dawada ay ku jirta