

Ardayda aleejrikada leh

Students with allergies

Foomkan waa inuu ku soo buuxiyaa Ingiriisi waalidku/daryeeluhu ardayga qaba aleejrikada loona sooceliyaa maamulaha ama shaqaalaha fuliyaha loo wakiishay. Dugsiga yaa buuxinaya labada qaybood ooh ore. Ujeeddada loo ururinayo macluumaadkan waa aqoonsiga ardayda kuwaas oo khatar ugu jira falceliska aleejrikada daran. Macluumaadka lagu bixiyo foomkan waxaa loo adeegsan doonaa inuu dugsiga ka caawiyo go'aaminta tallaabada loo baahan yahay in la qaado oo la xiriirta ardayga qaba aleejrikada.

Waalidka/daryeelaha sharafta leh

Magaca ardayga: _____
School to insert name of student

Waxaad sheegtay in ilmahaagu qabo aleejriko. Aleejrikadu waxay tahay

_____ School to insert the allergy/allergies that have been identified by the parent/carer

Fadlan buuxi su'aalaha hoose una sooceli maamulaha ama shaqaalaha fuliyaha loo wakiishay.

1. Dhaqtar ayaa ilmahaaga ku sheegay aleejriko:

Qaniinka xasharaadka (Insect sting/bite)
Fadlan sheeg: _____

Daaweyn (Medication)
Fadlan sheeg: _____

Cunto (Food):
Fadlan sax ku dhig khaanadaha haa ama maya

	Haa (Yes)	Maya (No)
• Biinatka (Peanuts)	<input type="checkbox"/>	<input type="checkbox"/>
• Iowska (Nuts)	<input type="checkbox"/>	<input type="checkbox"/>

Haddii ay haa tahay Iowska, fadlan sheeg nooca ama noocyada

Type/s of nut/s _____

• Kaluun (Fish)	<input type="checkbox"/>	<input type="checkbox"/>
• Sheelfish (Shellfish)	<input type="checkbox"/>	<input type="checkbox"/>
• Sooy (Soy)	<input type="checkbox"/>	<input type="checkbox"/>
• Sisim (Sesame)	<input type="checkbox"/>	<input type="checkbox"/>
• Qamadi (Wheat)	<input type="checkbox"/>	<input type="checkbox"/>
• Caano (Milk)	<input type="checkbox"/>	<input type="checkbox"/>
• Ukun (Egg)	<input type="checkbox"/>	<input type="checkbox"/>

Fadlan sheeg noocyada cuntada kale oo aan kor ku liisgaraysnayn:

Other type of food _____

Caano Geed (Latex)

Aleejriko kale, *fadlan sheeg:*
 Other allergy _____

Anaphylaxis Procedures for Schools Appendix 1

	<i>Fadlan sax ku dhig khaanadaha</i> Haa ama Maya	Haa (Yes)	Maya (No)
2.	Ilmahayga waxaa isbitaalka loo dhigay falceliska aleerjikada daran My child has been hospitalised with a severe allergic reaction	<input type="checkbox"/>	<input type="checkbox"/>
3.	Ilmahayga waxaa loo qoray adrenaline autoinjector (EpiPen® ama Anapen®) My child has been prescribed an adrenaline autoinjector (EpiPen® or Anapen®)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Ilmahayga wuxuu haystaa qorshaha ASCIA Action Plan ee Anafalikis ¹ My child has an ASCIA Action Plan for Anaphylaxis ¹ (kaddii ay haa tahay, fadlan tana ku soo lifaaq lana soo celi foomkan)	<input type="checkbox"/>	<input type="checkbox"/>

Waxaa buuxiyey (*fadlan halkan ku daabac magacaaga*): _____
Name of parent/carer

Saxiixa waalidka/daryeelaha: _____
Signature of parent/carer

Taariikh: _____
Date

¹Mar kasta oo ilmahaaga loo qoro adrenaline autoinjector oo cusub dhaqtarku wuxuu bixin doonaa dib-u-cusboonaynta ASCIA Action Plan for Anaphylaxis. Waxaa muhiim ah in tani tahay qorshaha la siiyo dugsiga.