

# Mithabun anoj akuok

## Students with allergies

*Awarag kënë abı thoj Inglıth thok ke wunmeth ku manmeth/raan muk meth manhde anoj akuok ku abı dhuk nhom raandit panabun ka kɔcɔdıt panabun cı cɔɔl. Panabun abı gıt abak tuej ka rou tɔ athörıc thın. Yejo wıç wëlke ee bı ke njıç mıthabun takdët aabı akuokdıt tet apı. Wël kök cı yıök atɔ awarag kënë yıç abı ke loi bı panabun kuony ke bı njıç ee dhıl njö buk lööm tënë meth anoj akuok.*

Määth wunmeth ku manmeth/raan muk meth

Rienkë menhabun: \_\_\_\_\_  
School to insert name of student

Yın aca luɛl lɔn manhdu anoj akuok. Akuok kënë ee tënë

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

Thiönj ke cı thięc piny tən ku abı dhuk nhom raandit panabun ka kɔcɔdıt panabun cı cɔɔl.

1. Akım cı manhdie yıök lɔ guop akuok tënë

Kum ka kac/moc (Insect sting/bite)  
Luɛl yejö kën: \_\_\_\_\_

Wal (Medication)  
Luɛl yejö kën: \_\_\_\_\_

Miëth (Food):  
Bı giıt thok yönthin yıç tënë Ee yıç ka Acıe yıç

	Ee yıç (Yes)	Acıe yıç (No)
• Atɔm (Peanuts)	<input type="checkbox"/>	<input type="checkbox"/>
• Atɔm cı kuek (Nuts)	<input type="checkbox"/>	<input type="checkbox"/>

Na ye yıç atom cı kuek, luɛl ye atom njö

Type/s of nut/s \_\_\_\_\_

• Rec (Fish)	<input type="checkbox"/>	<input type="checkbox"/>
• Acoom (Shellfish)	<input type="checkbox"/>	<input type="checkbox"/>
• Aguoth cɔl Soy (Soy)	<input type="checkbox"/>	<input type="checkbox"/>
• Nyuom (Sesame)	<input type="checkbox"/>	<input type="checkbox"/>
• Dıkpiny (Wheat)	<input type="checkbox"/>	<input type="checkbox"/>
• Ca (Milk)	<input type="checkbox"/>	<input type="checkbox"/>
• Toj (Egg)	<input type="checkbox"/>	<input type="checkbox"/>

Miëth kök:

Other type of food \_\_\_\_\_

Lithık (cɔl Latex) (Latex)

Akuokdët, luɛl yejö kën:  
Other allergy \_\_\_\_\_

## Anaphylaxis Procedures for Schools Appendix 1

	<i>Bĩ giit thok yõnthin yic tẽnẽ Ee yic ka Acis yic</i>	Ee Yic (Yes)	Acis Yic (No)
2.	Manhdie aa rẽer panakim kek akuokdit tet apai My child has been hospitalised with a severe allergic reaction	<input type="checkbox"/>	<input type="checkbox"/>
3.	Manhdie aci yiẽk col adrenaline autoinjector (EpiPen® ka Anapen®) My child has been prescribed an adrenaline autoinjector (EpiPen® or Anapen®)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Manhdie anoj ASCIA Action Plan tẽnẽ col Anaphylaxis <sup>1</sup> My child has an ASCIA Action Plan for Anaphylaxis <sup>1</sup> ( <i>Na ye yic, tau thin kenẽ ku dhuk nom kek athor</i> )	<input type="checkbox"/>	<input type="checkbox"/>

Da aci thol (*gãt riẽnku apath etẽn*): \_\_\_\_\_  
Name of parent/carer

Thany wunmeth ku manmeth/raan muk meth: \_\_\_\_\_  
Signature of parent/carer

Akøl nin: \_\_\_\_\_  
Date

<sup>1</sup> Kuat akøl ci manhdu yiẽk wal yam col adrenaline autoinjector akim abi yiẽk ASCIA Action Plan for Anaphylaxis nin køk. Kẽnkẽnẽ ee ke ril lon ajuiẽr kẽnẽ abi yiẽk panabun.