



**Warqad ku socota waalidka oo hubineysa qorshaha maamulida
daawooyinka dhakhtarku soo qoray**

**Letter to parents confirming arrangements for administration
of prescribed medication**

Gacaliye Waalid ama Xannaaneeye

Warqadani waxay kaala talineysaa inuu dugsigu ogolaaday inuu maamulo daawada dhakhtarku u soo qoray ilmahaaga sida codsigaagu yahay. Dugsigu wuxuu isku deyi doonaa inuu siiyo daawada wakhtiga/ yada aad codsatay (ee hoos ku qoran) inkastoo mar marka qaarkood laga yaabo in wakhtigu isbedelo oo aan waxba laga qaban karin. Fadlan ila soo xirriir haddii aad tan ka welwelsan tahay.

Dugsigu wuxuu ogolaaday inuu daawada keeni doono dugsiga qofka hoos ku qoran.

Waxaad u baahan doontaa inaad bixiso daawada lagu soo qoray iyo wixii qalab ah ee la xirriira dugsiga sida loogu baahan yahay. Haddii aadan soo diri Karin daawada loo soo qoray sidaynu ku heshiinay, fadlan ila soo xirriir si aynu uga wada hadalno weji kale.

Shaqaalaha dugsiga waxay si iskaa ah diyaar ugu yihiin inay taageeraan baahida xannaanada caafimaadka ee ilmahaaga intuu dugsiga joogo. Sidan aan ku heshiinay dib waxaa loo eegayaa sannadkiiba mar ama marka wax iskabedelaan baahida caafimaad ee ilmahaaga ama haddii ay soo baxdo inaan qorshahan la dhaqan gelin Karin.

Haddii ay sabab kasta ha jirtee wax iska bedelaan baahida xannaano ee caafimaadka ilmahaaga, waa inaad soo wargelisaa dugsiga sida ugu dhakhsaha badan. Fadlan la soo xirriir dugsiga haddii aad wakhti kasta ay jiraan waxaad saluugsan tahay ama aad qabto su'aalo ku saabsan sidaan aan ku heshiinay ee taageerada ah.

Haddii ay soo baxdo xaalada ah in aan qorshahan la dhaqan gelin karin waxaan kaala soo xirriireynaa taleefanada aad na siisey

Magaca ardeyga _____ Fasalka _____
Name of student _____ Class _____

Magaca qofka daawada keenaya dugsiga _____
Name of person delivering the medication to school _____

Wakhtiga/yada daawada la siinayo _____
Time/s of administration of medication _____

Magaca Maamulaha _____
Name of Principal _____

Saxiixa Maamulaha _____ Taariikhda _____
Signature of Principal _____ Date _____

Haddii aan wax codsi loo sameysan inuu/inay isdaaweyso, fadlan iska daa qaybta soo socota.

CODSIGA ISDAAWEYNTA (SELF MEDICATION REQUEST)

Haddii aad codsatay inuu ilmahaagu isagu daawada qaato, codsiga si taxadar leh ayaa loo tixgeliyey. Codsigaaga uu ilmahaagu daawada isagu qaadanayo waa:

- la taageerayaa. Dugsigu wuxuu sii wadayaa inuu kula shaqeeyo si looga taageero ilmahaaga sidii uu u maamuli lahaa qaadashada daawadiisa. (supported. The school will continue to work with you to support your child in managing the administration of this medication.)
- Aan la taageerin, fadlan la soo xirriir dugsiga. (not supported, please contact the school.)