

Poom de wël ke lëk në kä ke pial e guöp

Medical information form

Mëdhiëeth/dumuk yïn ca muöõth

Thiän poom de wël ke lëk jam në kä ke Pial e guöp në Thoŋ de Linliith na nõŋ mənhdu kä kök wïc keek në biäk de kény ayeer cï keek nyuooth ebën piiny tën. Luel guööt de kä thiääk kenë kä ke pial e guöp ku/ka kä jam në këriëec ebën në mīith ye keek cam ku apäm dët na wïc të dët lääu.

Ye poom kån abī dhiil dhuök thukulic kenë poom de gām në aköl nyooth nïn ke pæci cï nyuooth piiny tën.

Information for completion by organising teacher

Wël ke lëk bī dupiöny juiir kény ayeer ke thiöõŋ

Name of student _____ Excursion destination _____
Rin ke mənhd de thukul Të bī kény ayeer lo thök thïn

Excursion date/s From: _____ To: _____
Aköl de/nïn ke/ kény ayeer Jock Lo

Date for return of Medical information form _____
Aköl bī poom nõŋic wël ke lëk në Kä ke pial guöp dhuök ciëen

Wël ke lëk ye mëdhiëeth/dumuk keek thiöõŋ

Information for completion by parents/carers

Kä nyooth të yenë mëdhiëeth/dumuk yök thïn (Parent/carer contact details)

Rin ke mëdhiëeth/dumuk _____
Name of parent/carer

Të yenë mëdhiëeth/dumuk yök thïn _____
Address of parent/carer line 1

Address of parent/carer line 2

Namba de/nambaai ke/ telepuun Telepuun 1 _____ Telepuun 2 _____
Parent/carer phone 1 Parent/carer phone 2

Kä nyooth të yenë akim yök thïn (Doctor contact details)

Rin ke akim _____
Name of doctor

Të yenë akim yök thïn _____
Address of doctor line 1

Address of doctor line 2

Namba de/nambaai ke/ telepuun de a akim Telepuun 1 _____ Telepuun 2 _____
Doctor's phone 1 Doctor's phone 2

Rin ku kä nyooth raan dët bī cööl në kaam tulë kërilic (Emergency alternative contact details)

Rin ke raan bī cööl në kaam tulë kërilic 1 _____ Telepuun _____
Name of emergency contact 1 Emergency contact 1 phone no.

Rin ke raan bī cööl në kaam tulë kërilic 2 _____ Telepuun _____
Name of emergency contact 2 Emergency contact 2 phone no.

Luel kä ke tuaany ka kä ke pial e guöp ril yiic, cīt adhima, thukari, nok, akuöök ku luel kë yenë tönj de kek daac thīn.

Medical conditions or illnesses and their treatments.

Luel guööt de tönj kä ke mīith wīc keek nōj yiic miēth lēu bī guöp rēec cīi piath.
Special dietary needs including possible reactions to inappropriate diet.

Luel guööt de wäl/wəl ye/ye keek/ bī ya yiēk raan tuaany nē kaam de keny ayeer. Matē rin ke wäl thīn, dhöl yenë yeen yiēk raan tuaany, kaam yenë yeen gam, ku menē ke reec ye guöp wäl rēec lēu bī tuöl.
Medications, instructions for administration and possible reactions.

Aya deetic men ke menhdīe abī dōoc tē tulē kērilic enōj yeen. Aya deetic men ke akīm acī wal gōt (nōjic gem de wäl cīt men de wēēl ye cōl inthulin (insulin) tē cī kērilic tuöl ye wīc bī gām een nē kaam de keny ayeer, mēdhiēth/dumuuk kek aa bī naŋ riel nē:

- lēk thukul ye kë wīc kǎn bīkē nyic
- bī dhiil tō ke wēl ke lēk aa ye keek cōk tō ke keek ye yam tē cī kek rōth waar
- bīi de wäl ku kä ‘ye keek lööm’ wīc keek cīt yuinh de inthulin ka EpiPens® bī ke wum nē keek (guööt de wäl abī dhiil tō ke këc aköl bī yen thök bēn ku cī rin tō nē yekōu gōt apiath)
- bī luui etök kenē thukul nē lon de ajuir yenē kǎj yāth ku dhöl yenē wēl cī akīm ke gōt yiēk kōc nē kaam tō kōc tē keny ayeer.

Dōt apiath: nē kä kōk ke keny ayeer, thukul abī mēdhiēth thiēec bīkē wal yōk nē dhöl wāac kenē kë cī mat wēn thēer kenē thukul. Kē cīt menē ke mēdhiēth aa lēu bī keek thiēec bīkē yuinh ye raan rōt wum yetōk nē adreliin [adrenaline autoinjector (EpiPen®)] yiēk raan juir keny ayeer.

Rin ke mēdhiēth/dumuk _____
(gāt nē lataai dīt tiēc apiath) Name of parent/carer

Thāny de mēdhiēth/dumuk _____ Pēi nīn _____
Signature of parent/carer Date

Ajuier de Wēer de Thok nē Telepuun

Na wīc wēl kōk ke lēk ke yīn cōl thukul. Na wīc raan de wēer de thok bī yīn kuony nē kä ba keek thiēec ke yīn yuöpē ajuier de wēer de thok nē telepuun tō 131 450 ku thiēc raan de wēer de thoŋdu. Raan lui nē telepuun abī thukul cōl ku yōk raan de wēer de thok nē laanyic bī yīn kuony ba jam. Yīn cīi bī thiēc wēu nē ajuier kǎn.