

Abanyeshule bafise ivyo baziririza

Students with allergies

Umuyeyi w'umwana canke uworohereza umunyeshule afise ivyo aziririza asabwe kuzuzura uru rupapuro mu Congereza ace arurungikira umuyobozi canke intumwa yiye yisumbuye. Ishule rizokuzuzura ibice bibiri vya mbere. Igituma basaba izi nkuru ni kugira batore abana bageramiwe no kuziririza bikomeye. Inkuru zitanze kuri runo rupapuro zizokoresheya mu gufasha ishule mu kwihweza icokorerwa umwana afise ivyo aziririza.

Muyeyi/uworohereza umunyeshule

Izina ry'umunyeshule: _____
School to insert name of student

Warabonye ibimenyetso vy' umwana wawe ko ashobora gufatwa n'ingwara zo kuziririza. Kuziririza bijanye na

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

Usabwe kuzuzura ibibazo bikurikira uce ubirungikira umuyobozi canke intumwa yiye yisumbuye.

1. Muganga yatoye ko umwana wanje hari ivyo aziririza vyerekeye:

Kuribwa/gukomogwa n'agakoko (Insect sting/bite)
Tanga insiguro: _____

Imiti (Medication)
Tanga insiguro: _____

Ibifungurwa (Food):

<i>Uzuzura na Ego canke Oya</i>	Ego (Yes)	Oya (No)
• Ibiyoba (Peanuts)	<input type="checkbox"/>	<input type="checkbox"/>
• Amanazi (Nuts)	<input type="checkbox"/>	<input type="checkbox"/>

Mu gihe ari ego ku manazi, sigura ubwoko bwayo

Type/s of nut/s _____

• Ifi (Fish)	<input type="checkbox"/>	<input type="checkbox"/>
• Ifi ziri mu bibarara (Shellfish)	<input type="checkbox"/>	<input type="checkbox"/>
• Isoya (Soy)	<input type="checkbox"/>	<input type="checkbox"/>
• Imbutu ziribwa (Sesame)	<input type="checkbox"/>	<input type="checkbox"/>
• Ingano (Wheat)	<input type="checkbox"/>	<input type="checkbox"/>
• Amata (Milk)	<input type="checkbox"/>	<input type="checkbox"/>
• Amagi (Egg)	<input type="checkbox"/>	<input type="checkbox"/>

Tanga insiguro z'ubundi bwoko bw'imfungurwa zitari kuri runo turonde:

Other type of food _____

Amata ava mu biterwa (Latex)

Ibindi baziririza, *tanga insiguro:*
Other allergy _____

Anaphylaxis Procedures for Schools Appendix 1

	<i>Uzuza na Ego canke Oya</i>	Ego (Yes)	Oya (No)
2.	Umwana wanje aramaze kuja mu bitaro kubera kuziririza bikomeye My child has been hospitalised with a severe allergic reaction	<input type="checkbox"/>	<input type="checkbox"/>
3.	Umwana wanje muganga yamwandikiye umuti wo kwitera uvura kuziririza (EpiPen® canke Anapen®) My child has been prescribed an adrenaline autoinjector (EpiPen® or Anapen®)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Umwana wanje afise umugambi ASCIA Action Plan ujanye n'ingwara yo kuziririza ¹ My child has an ASCIA Action Plan for Anaphylaxis ¹ (<i>Ukaba wishuye ego, birungike hamwe na runo rupapuro</i>)	<input type="checkbox"/>	<input type="checkbox"/>

Vyujujwe na (*andika izina ryawe mu ndome nkuru hano*): _____
Name of parent/carer

Umukono w'umuvyeyi/uworohereza umunyeshule: _____
Signature of parent/carer

Italiki: _____
Date

¹ Igihe cosi muganga yandikiye imiti yo kwitera umwana wawe, muganga azobaha umugambi ASCIA Action Plan for Anaphylaxis usubiwemwo. Ni ngombwa ko uwu mugambi woshikirizwa ishule.