



တၢ်ဟ့ၣ်စီဟ့ၣ်ကမီၤလၢတၢ်ဆူးတၢ်ဆါအတၢ်ကူၤစါယါဘျါအကျိၤအကွၢ်အဂီၢ်

ကွီၤမိအဝံၤ- _____ ကွီၤမိအတၢ်ဂီၤခိၣ်အနီၣ်ဂံၢ်- _____

ကွီၤ- _____ တီၢ်- _____ အိၣ်ဖျါၣ်မုၢ်နံၤ- _____

အိၣ်ဒီးတၢ်ဆူးတၢ်ဆါ-၁. _____ ၂. _____

မိၢ်ပၢ်အတၢ်ပျဲ

ယယုထီၣ်ဝဲဒၣ်လၢယဖီ _____, မၤန့ၢ်ဘၣ်ကသံၣ်ကသီလၢအအိၣ်ဒီးကသံၣ်သရၣ်အတၢ်န့ၣ်လီၤတဖၣ်မ့တမ့ၢ်တၢ်ကူၤစါ ယါဘျါအကျိၤအကွၢ်တဖၣ်ဒဲတၢ်ဆါကတီၢ်အန့ၣ်ပၢ်အိၣ်ဝဲအသိးဒီးအဝဲအပူၤကူၤစါယါဘျါအိၣ်အတၢ်မၤန့ၢ်ပၢ်အိၣ်ဝဲအသိးန့ၣ်လီၤ.

ယကမ့ၢ်ပူၤလၢအအိၣ်ဒီးမူဒါလၢယကဟဲစီၣ်ဝဲဒၣ်ကသံၣ်ကသီလၢကသံၣ်သရၣ်ဟ့ၣ်လီၤတဖၣ်ဆူကွီၤအပူၤလၢအအိၣ်ဝဲဒၣ်လၢတၢ်ကသံၣ်အဒါလၢအအိၣ်ဒီးတၢ်ကျဲးဝဲလၢအမ့ၢ်တၢ်န့ၣ်လီၤလၢအလီၤဒဲပူၤမိဆါကသံၣ်ဟ့ၣ်လီၤဝဲအသိးန့ၣ်လီၤ. ယန့ၢ်ပၢ်ဖျါကိးယဲဒၣ်လၢယအိၣ်ဒီးမူဒါလၢယကဟဲစီၣ်ဝဲဒၣ်ကသံၣ်ကသီမ့တမ့ၢ်တၢ်ပိးတၢ်လိအနီၣ်ဂံၢ်နီၣ်ဒူးလၢကွီၤအပူၤလၢလၢလီၣ်လီၣ်န့ၣ်လီၤ. တၢ်လီၤတူၢ်လီၤကတၢ်ကမၤပိၣ်ထွဲတၢ်အံၤအစၢမ့ၢ်ဝဲတၢ်လဲၤခီပတၢ်ဝဲဒၣ်ကသံၣ်သရၣ်အတၢ်န့ၣ်လီၤမ့တမ့ၢ်ကွီၤအတၢ်ပၢ်ဆူၤရဲၣ်ကျဲၤလၢတၢ်ဆူးတၢ်ဆါအတၢ်ကူၤစါယါဘျါအကျိၤအကွၢ်လၢယဖီအဂီၢ်အံၤတၢ်တမၤန့ၢ်အီၤဆူညါလၢဘၣ်. ယန့ၢ်ပၢ်ယဲဒၣ်လၢယဖီမ့ၢ်သမၤတၢ်ကသ့ဝဲဒၣ်ကသံၣ်ကသီ(တဖၣ်)မ့တမ့ၢ်သမၤတၢ်ကမၤန့ၢ်အီၤတၢ်ကူၤစါယါဘျါအကျိၤအကွၢ်(တဖၣ်)ဒဲကသံၣ်သရၣ်န့ၣ်လီၤဝဲအသိးတမီၤကွီၤအပူၤဘၣ်မူဘၣ်ဒါတမၤဆူၣ်ဖိသၣ်ဒဲဒီးဖိသၣ်ကလူၤပိၣ်ထွဲမၤဝဲဒၣ်ဘၣ်န့ၣ်လီၤ.

ကွီၤအပူၤဘၣ်မူဘၣ်ဒါအိၣ်ဒီးတၢ်ပျဲလၢနဆဲးကျိးဝဲပူၤလၢအဟ့ၣ်လီၤကသံၣ်ကသီဘၣ်ယးတၢ်ကသ့အီၤ, ကသံၣ်အတၢ်ဘၣ်ဒိဘၣ်ထံးတဖၣ်, အတၢ်မၤတၢ်ဒီးအတၢ်ဘၣ်ဒိဘၣ်ထံးဝဲကသံၣ်(တဖၣ်)တၢ်သ့ယုၣ်အီၤတဘျီယီ, မ့တမ့ၢ်တၢ်ကူၤစါယါဘျါအကျိၤအကွၢ်အစၢတဖၣ်မ့တမ့ၢ်ဘၣ်သ့အီၤပွဲၤဘျီလဲၣ်တဖၣ်န့ၣ်လီၤ. ယထးကွၢ်ယတၢ်ပျဲအံၤသ့ဝဲဒၣ်လၢတၢ်ဆါကတီၢ်တခါဂၤတခါဂၤန့ၣ်လီၤ.

မိၢ်ပၢ်, ပူၤကွၢ်ထွဲကဟုကယၢ်တၢ်လၢအဖိးသဲးစးအစုဆဲးပနီၣ် တၢ်ဘၣ်ထွဲဘၣ်ယး မုၢ်နံၤ-(လၢ, သီ, နံၣ်)

ပူၤဟ့ၣ်တၢ်အိၣ်ဆူၣ်အိၣ်ချအတၢ်ကွၢ်ထွဲကဟုကယၢ်အတၢ်ဟ့ၣ်စီဟ့ၣ်ကမီၤ

ယန့ၣ်လီၤကသံၣ်ကသီဒီးတၢ်ကူၤစါယါဘျါအကျိၤအကွၢ်လၢလၢတဖၣ်အံၤလၢကွီၤမိလၢထးတဂၤအံၤလၢတၢ်ကပၢ်ဆူၤရဲၣ်ကျဲၤမ့တမ့ၢ်မၤန့ၢ်အီၤလၢကွီၤန့ၣ်လီၤ.

DAILY

Table with 6 columns: Name of Daily Medication (Generic and Trade Name), Dosage/Frequency, Time(s) (AM/PM), Start date, Stop date, Possible Adverse Side Effect or Contraindications.

PRN

Table with 6 columns: Name of PRN Medication (Generic and Trade Name), Dosage/Frequency, Time(s) (AM/PM), Start date, Stop date, Possible Adverse Side Effect or Contraindications.

PROCEDURES

Table with 6 columns: Name of Procedure (CIC, glucose checks, suctioning, etc.), Dosage/Frequency, Time(s) (AM/PM), Start date, Stop date, Monitoring Parameters.

The above orders shall be effective throughout the current school year, summer school and through September 30th of the following school year, unless the orders are discontinued, changed or withdrawn in writing by the parent/guardian before that time elapses.

Medical Provider's Signature

Date (Mo./Day/Yr.)

Telephone/Fax Number

Printed Medical Provider's Name

Address