



Student Health History 学生健康记录表 (1/2)

Student's Name (姓名) _____ Date of Birth (出生日期 mm/dd/yy) ____/____/____

1) Please check the immunizations your child has received and attach a copy of the child's immunization record:

家长请检查一下孩子受过什么样的免疫并请附加孩子的免疫记录:

- Measles 麻疹 Mumps 腮腺炎 Rubella 风疹疫苗 Diphtheria /Tetanus 白喉 / 破伤风
 Polio 麻痺症 Pertussis (Whooping Cough) 百日咳 TB 肺癆
 Typhoid 伤寒 Hepatitis B B 型肝炎

2) Does your child have any of the following? 你孩子有下面的健康问题吗?

- Frequent headaches 经常头疼 Eye/Ear Problems 眼睛或耳朵疾病 Allergies 过敏
 Stomach problems 胃病 Skin Disease 皮肤病 Menstrual Problems 月经问题
 Asthma 哮喘 Epilepsy 羊痫风 Diabetes 糖尿病
 Heart Disease 心脏病 Neurological Disorder 神经失调 Tuberculosis 肺癆
 Any Infectious Disease 任何传染性疾病 Head Injury 头部受伤
 Psychological Disorders 智力/精神健康问题 Other, please explain 6) below
其他,请在6)说明

3) Does your child wear glasses or contact lenses? 你孩子带眼镜或隐形眼镜吗? Yes 是 No 否

4) Does your child take medication routinely? 常规服用医药吗? Yes 是 No 否

(Please note, medications can only be taken at school when dispensed by the school nurse and with written permission of parents) 请注意: 医药只能在学校服用, 通过家长的写明同意。所有在学校服用的医药都从学校护士来提供。

5) Does your child have any conditions which limit physical activity? Yes 是 No 否

你孩子有什么健康问题会影响体育活动吗?

If yes, explain 如有, 请详列 _____

6) Please attach any relevant information or medical reports to explain any issues checked in 1), 2), 3), 4), 5) or any other medical issues the school should be aware of, please use space below if needed.

请附加与上述1),2),3),4),5) 有关的学生健康资料或其他值得学校注意的健康问题, 请使用以下空格。

(Please add page if needed 如需更多空间, 请加页)

7) I give permission for the school health staff to dispense routine first aid to my child for minor conditions such as cuts, abrasions, stomach ache, and headache. 我授权学校医护人员在我孩子有擦伤、胃疼或头疼等症状时给予常规治疗。

8)a WISS transports emergency cases to the Qing Pu Branch of Zhong Shan Hospital. If you would like your child taken to another hospital in case of emergency, please indicate:

如在校紧急情况发生时, 学校会送学生到中山医院青浦分院。如果你要求把孩子送到其他医院, 请说明:

Name of Preferred Hospital 其他自选医院: _____

Address of Preferred Hospital 自选医院地址: _____

Direct Line 直线电话: _____ General Telephone 总机电话: _____

Other Information 其他信息: _____

8)b In the event of emergency during off campus activities, we will transport the child to the nearest and best hospital. If you would like your child taken to another hospital in case of emergency, please indicate:



如在校外活动时紧急情况发生，学校将送学生至最近及最好的医院。如果你要求把孩子送到其他医院，请说明：

Name of Preferred Hospital 其他自选医院: _____

Address of Preferred Hospital 自选医院地址: _____

Direct Line 直线电话: _____ General Telephone 总机电话: _____

Other Information 其他信息: _____

9)Emergency Contact 紧急联系

Please provide information on **two or more** people in Shanghai besides parents we can contact in the event we cannot reach parents (or the guardian) in an emergency: 如紧急时，联系不到父母，请列明至少两位除家长以外住在上海的紧急联系人：

1. Name 姓名 _____ Relationship to family 关系 _____

Home Phone 电话 _____ Office Phone 办公室电话 _____

Mobile Phone 手机 _____ Email 电子邮件 _____

2. Name 姓名 _____ Relationship to family 关系 _____

Home Phone 电话 _____ Office Phone 办公室电话 _____

Mobile Phone 手机 _____ Email 电子邮件 _____

3. Name 姓名 _____ Relationship to family 关系 _____

Home Phone 电话 _____ Office Phone 办公室电话 _____

Mobile Phone 手机 _____ Email 电子邮件 _____

4. Name 姓名 _____ Relationship to family 关系 _____

Home Phone 电话 _____ Office Phone 办公室电话 _____

Mobile Phone 手机 _____ Email 电子邮件 _____

*(If there is any changes in the information provided for emergency contact, please fill out a new **Emergency Contact Form**)*

I hereby give permission for WISS to initiate emergency measures in the event of accident or sudden serious illness. I understand that the school will try immediately to contact me or, if I am unreachable, the emergency contacts listed above. I also give permission for the school administrators to make decisions at the hospital in a life threatening emergency. I understand that the school administrators and health staff make decisions based on their best judgement, and I will not hold them legally responsible. I affirm that all information given on this health record, as in the rest of the application, is complete and accurate. I also declare that I am responsible for all medical fees incurred as stated in the enrolment contract.

我特此声明在紧急时授权上海西华国际学校采取相应措施。我清楚学校在我的孩子发生紧急情况时会立即联系我，若不能联系到我，学校将联系我列出的紧急联系人。如有危及生命安全时，我授权学校负责人选择适合医院。同时我理解学校负责人及医护人员的决定是当时的最佳判断，本人承诺不予追究法律责任。我声明本人在此表中提供的信息和附加的报告真实并完整。我将依照入学合同承担所有相关的医疗费用。

Signature of Parent 家长签名 _____ Date 日期 (mm/dd/yy) ____ / ____ / ____