

Application Form D: Health Information

To the Parent: Form D (Health Information) and Form E (Physical Examination) are to be provided no later than the student's first day of school. Please answer the following questions regarding the health of your child.

Note: The school nurse is available to assist parents in completing this form.

Student Name: _____ **Grade:** _____
Family Name First Name Middle Name

Preferred First Name: _____ **Date of Birth:** ____/____/____ **Age:** ____
Month Day Year

Father's Name: _____
Family Name First Name

Mother's Name: _____
Family Name First Name

Home Phone in Tianjin: _____

Father's Mobile Phone: _____ **Mother's Mobile Phone:** _____

History of Infectious Diseases	Yes	No	Month/Year	Comments
Chicken Pox				
Measles (Rubella 10 days)				
Rubella (German Measles)				
Whooping Cough				
Mumps				
Poliomyelitis				
Scarlet Fever				
Rheumatic Fever				
Ear Infections				
Tuberculosis				
Hepatitis				

Operations, hospitalization or serious illness (please give details and dates): _____

Vaccinations:	Date each dose was given				
	1st	2nd	3rd	4th	5th
Poliomyelitis (TOPV Tri-Oral-Polio-Vaccine)					
Diphtheria, Pertussis (or Whooping Cough) and Tetanus. DPT					
Tetanus and Diphtheria. TD					
Measles					
Mumps					
Rubella					
Hepatitis A					
Hepatitis B					
Tetanus Booster (age 14-16)					
Tuberculosis. BCG					
Other Inoculations					

Some vaccines are available in combination With others such as Measles-Mumps-Rubella (MMR) or Measles-Rubella (MR). If your child received any combination vaccine, enter the date in each appropriate box.

Allergies:

Does your child have any kind of allergy? (food, medication, insect bite, materials, or other) Yes No

If "Yes", please write as precisely as possible which kind of allergy: _____

Please indicate the severity of the allergic reaction: Mild Moderate Severe

How does your child react to this allergy? _____

How do you normally treat this allergy? _____

What is the name of the medication you give to your child? _____

Does your child carry a Medical Alarm Band? Yes No

Asthma:

Does your child suffer from asthma? Yes No

If yes, what causes the asthma attacks? _____

Please answer the following questions: _____

How often does your child have asthma attacks? _____

If your child is treated with asthma medication, please write down the name: _____

When is the asthma medication given? Every day Only before exercise Only during attacks

Does your child carry his/her asthma medication with him/her to school every day? Yes No

Does your child's asthma restrict his or her participation in any sporting activities? Yes No

If "Yes", please indicate which activities and to which extent it restricts them: _____

Other Pre-Existing Medical Conditions (eg. Migraine, Eczema, Epilepsy etc.):

Medication taken for these conditions: _____

Other Medication:

Does your child take any other medication regularly? Yes No

If Yes, please write the name of the medication, the dose he/she is given, and how often: _____

For what reason is your child treated with this medication? _____

Over the Counter Medicine

In the IST clinic we have a small selection of over-the-counter medicines (mild analgesics: Paracetamol, Ibuprofen, also known as Tylenol or Panadol, and Advil). All are internationally recognized medications. We can treat your child with these products, but only if we have parental permission.

- Yes, the school nurse should treat our child with the above mentioned medicine, when she feels it is necessary.
- Yes, the school nurse should treat our child with the above mentioned medicine, when she feels it is necessary, but she must please contact us first.
- No, we do not wish the school nurse to treat our child with the clinic's medicine.

Dental Care

The school clinic is unable to treat dental problems, but dental services are available at: "Shanggu AICHI International Dental Center", Rm76, 3F, Shanggu Business Centre, Tianta Dao, Nankan District. It is a large, established clinic with experienced dentists.

Please Note: The school insurance does not cover the costs of dental treatment.

- We give permission for the school to take our child to "Shanggu AICHI International Dental Center" in case of an emergency. We will be informed by the school if our child is taken there. We agree to pay the costs of dental treatment.
- We do not wish our child to be taken to "Shanggu AICHI International Dental Center". In case of an emergency the school nurse should phone us and we will take our child to a dentist ourselves.

Emergency Medical Treatment Authorization

IST has arranged for students to be admitted to the AEA/SOS Clinic (located in the Tianjin Sheraton Hotel) in case of a medical emergency during school hours. A student requiring emergency medical attention will be immediately accompanied to the clinic by the school nurse, a teacher, or an administrator.

- Note 1:** The school has medical insurance to cover the costs of initial treatment at the clinic. Parents are responsible for all additional medical costs.
- Note 2:** The out of clinic hours consultation surcharge is RMB1,650 if the emergency occurs outside of normal clinic hours Monday-Friday 9am-6pm (eg. Public holidays, weekends etc.). Parents are responsible for this surcharge.
- Note 3:** In the event of a medical emergency in which a parent cannot be contacted the school may, following medical advice from the SOS Clinic, administer any medication deemed urgent & necessary will before then accompanying the student to the SOS Clinic.

Permission to Go Home

There are times when a student becomes ill at school and needs to be sent home. At such times the parents will be contacted to inform them that their child is sick and needs to be collected from school and taken home.

Please indicate who may collect the student and sign them out of the school clinic should you be unable to collect them yourself.

- Ayi Personal driver with IST issued driver ID Other: _____

- Note 1:** No student will be sent home unless a parent is first contacted.
- Note 2:** It is the parents' responsibility to collect students from the school clinic if they are unwell. Sick children are best kept at home where they are most comfortable and where disease is less likely to be spread.

I agree that my signature below indicates that all information provided in the Health Information form is accurate and understood.

Signature of Parent or Guardian: _____ Date: ____ / ____ / ____
Month Date Year

Remember to advise the school nurse immediately in person or in writing of any changes to phone numbers, emergency contacts, or the student's medical condition.