Application Form E: Health Information

To the Parent: Form E (Health Information) and **Form F** (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

Preferred First Name: _____ **Date of Birth:** _____ /_____ /_____ **Age:** _____
Day Month 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	☐	☐		
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 T**ri-**O**ral-**P**olio-**V**accine)					
Diphtheria, **P**ertussis (or Whooping Cough) and **T**etanus. **DPT**					
Tetanus and **D**iphtheria. **TD**					
Measles		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.			
Mumps					
Rubella					
Hepatitis A					
Hepatitis B					
Tetanus Booster (age 14-16)					
Tuberculosis. **BCG**					
Other Inoculations					

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 (e.g. 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 (Panadol, Tylenol Cold, Fenbid, Motrin, Domperidon, Imodium, Smecta, Belladona and Ventolin). All are internationally recognized medications. We are able to treat your child with these products, but only if we have parental permission.

☐ Yes, the school nurse may treat our child with the abovementioned medicine, when she feels it is necessary.

☐ Yes, the school nurse may treat our child with the abovementioned 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.

Emergency Medical Treatment and Parental Authorization

The vast majority of medical incidents that occur during the school day are minor, and can be easily treated in the school clinic. However, in erring on the side of caution when dealing with relatively innocuous but potentially serious injuries, or when responding to an obvious emergency, it may be necessary to send a sick or injured student to an external medical service provider for examination and treatment. Responsibility for the decision to seek outside medical assistance must necessarily lie with the school nurse whose priority is always to protect the welfare of the individual student. Parents will, however, always be contacted as soon as possible following a medical event, or in response to a concern, to inform them of the situation and to confirm a choice of medical provider and transportation arrangements.

A student requiring emergency medical attention - including dental - will be accompanied by the school nurse, a teacher or teacher assistant, or school administrator, to one of the following medical service providers, as deemed most appropriate following discussion with the parents:

1. Tianjin United Family Hospital (general medical and dental)
2. Alternative medical service provider requested by the parents

Note 1: Parents are responsible for all medical costs. However, claims for reimbursement for 'accidents' may be made against the school's Student Accident and School Liability Insurance Policy with PICC.

Note 2: In the event of a medical emergency in which a parent cannot be contacted, the school shall determine the medical provider that it believes to be most appropriate to safeguard the welfare of the student. In most instances this will be the Tianjin United Family Hospital.

Note 3: In certain cases of emergency it may be necessary to transport a student to a public hospital. At such times the school will first solicit emergency treatment advice from the TUFH to determine the most appropriate provider. In such circumstances, it may also be necessary for the school to administer medication deemed urgent by the emergency service provider guiding the school's treatment of the student.

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

Note 1: No student will be sent home unless a parent is first contacted. Other: _____

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: _____/_____/_____
Day Month 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.

Submit