

学生:医疗纪录 Student Medical Record

学生姓名
Student Name

学生班级
Student Class

申请学生是否需要/有:
Does your child need/have:

定期身体检查 Regular medical attention	是 Yes	否 No	定期服药 Regular medication	是 Yes	否 No
视力问题 Eyesight problems	是 Yes	否 No	听力问题 Hearing problems	是 Yes	否 No
哮喘及呼吸问题 Asthma/respiratory problems	是 Yes	否 No	皮肤问题 Skin problems	是 Yes	否 No
癫痫 Epilepsy	是 Yes	否 No	花粉过敏 Hay fever	是 Yes	否 No

如果在以上问题中回答了“是”,请在下方做出详细解释:
If yes to any of the above questions please provide details:

请说明学生的过敏源:
Known Allergies - Please provide details if your child has an allergy:

请说明学生是否有特殊饮食要求?
Does your child have any special dietary requirements?

申请学生接种过以下哪几种疫苗?
PLEASE PROVIDE DETAILS IF YOUR CHILD HAS HAD ANY OF THE FOLLOWING VACCINATIONS:

肺结核疫苗 Tuberculosis		脊髓灰质炎(小儿麻痹) Polio	
白喉/破伤风/百日咳 (DTP) Diphtheria/Tetanus/ Pertussis (DTP)		狂犬病 Rabies	
麻疹/流行性腮腺炎/风疹 (MMR) Measles/Mumps/Rubella (MMR)		伤寒症 Typhoid	
日本脑炎 Japanese Encephalitis		甲型肝炎/乙型肝炎 Hepatitis A & B	

授权申明
AUTHORISATION

我/我们了解,学校在任何紧急的情况下均会尽量和我/我们取得联系,但不可避免发生无法及时取得联系的情况。因此,我/我们同意学校,在紧急情况下给孩子提供必要的医疗咨询和治疗,所产生的一切费用将全部由我/我们承担。我/我们同意学校在必要的时候给我们的孩子服用小剂量的药物(例如:退烧药)。

I/We understand that whilst the School will make all reasonable efforts to contact me/us in case of medical emergency, this is not always possible. Therefore, I/we authorise the School to seek medical advice and treatment for our child if the School believes there to be an emergency and I/we hereby undertake to pay all costs incurred by the School.

I/We also hereby authorise the School to give our child minor medications (e.g. paracetamol tablets) if deemed necessary by the school.

父母签名
Parent signature

日期
Date