



Student Health Information Form

Student name:

Gender:

Grade:

Health Conditions:

Condition	Yes	No	Condition	Yes	No
Allergies (medication, food etc) (Epinephrine prescribed?)			Asthma: Inhaler prescribed?		
Diabetes:			Gastrointestinal disorder		
Epilepsy/Seizure			Bleeding problem		
Scoliosis			Skin problems		
Sleeping problem			Hearing problem		
Anxiety disorder			Vision problem		
Depression			Skin problem		
ADD/ADHD			Breathing problem		
Self-injury			Heart problems:		
Bipolar disorder			Hospitalization/Surgery		
Other emotional problems:			Other illness		

If you ticked “yes” to any of the above, describe the health condition in detail as below. (Please describe the health condition on the back of this sheet if necessary)

Medications:

List all prescription and non-prescription medications taken at home and school on the back of this sheet. A separate 《Medication Permission Form》 is required for medications to be given at school.

Parent signature/Date:



Treatment Permission Form

Our school medical center has a supply of basic medications. Please mark either a “Yes” or “No” for each medication listed to dispense for your child as deemed necessary for minor illnesses and injuries at the discretion of the School Nurse and/or our school first aid provider. By signing below you grant permission for the administering of the medications listed below to your child as deemed necessary by the School Nurse and/or School first aider provider.

Yes	No	Medication Name
		Tylenol(Acetaminophen) - is used to relieve pain, reduce fever
		Advil(Ibuprofen) - is an anti-inflammatory used to relieve inflammation, swelling, pain, fever
		Clarityne or Zyrtec - relief of minor allergic reaction
		Tylenol Cold/Bufferin cold/white and black tablet - is used to relieve symptoms of cold/flu
		Throat lozenges -relief of sore throat
		Antacid Tablet - relieves acid indigestion, heartburn
		Imodium /Smecta - Anti-Diarrhea
		Topical ointments -for minor wounds, bites/stings
		Albuterol sulfate(Ventolin) inhaler - to relieve an asthma attack
		Burn Gel -relief of minor burns.
		Levofloxacin/ Aciclovir eye drops/ointment - relief of eye inflammation
		Compound taurine eye drops –relieve eye fatigue/conjunctiva congestion

Parent signature/Date:



Emergency Care Permission

In the event that my child has an accident or illness, the school nurse/first aider feels it necessary my child may be referred to the medical facility and will make every reasonable effort to contact myself or the emergency contact person prior to medical treatment or hospitalization. If my child requires hospitalization, any procedures, surgery, or anesthesia that may be necessary to save the life of my child may be done via phone consent with myself or my spouse or an emergency contact person. All medical fees and any other expenses shall be borne by me.

If reasonable efforts to contact me, or my spouse, or an emergency contact person are not successful, the school is authorized to:

1. The school nurse/first aider is authorized to do CPR, automated external defibrillator (AED), and other first aid care necessary to attend to my child to save my child's life before the ambulance arrives at the site.
2. Take my child to seek emergency medical care
3. Fill in and sign the forms and other documents necessary to consent to any procedure, surgery, or anesthesia if, in the judgment of the medical staff, such treatment is needed to save the life and treat the emergency medical conditions of my child
4. Incur and pay any medical, hospital, and ambulance expenses on my behalf as a result of such injury or illness, including those that may not be covered by my insurance.

I further acknowledge that I am responsible for updating the student health information provided herein to the school and that all information I have provided on this document is completed and correct.

Mother's name and phone number:

Father's name and phone number:

Emergency contact person: (When parents cannot be reached)

Name:

Relationship

Phone number:

Parent signature/Date:



Instructions to complete the school medical forms

Physical Examination Report

Please give the school the original report (or copy) of your child's physical examination record within the six-month period preceding the first day of school

Vaccination Record

Our school fully complies with the vaccination policy of the Suzhou Disease Control Center. Your child requires to complete the vaccines of MMR, DPT, Polio, Hepatitis B, and BCG Tuberculosis series in order to attend school. Please attach a copy of your child's vaccination record.

Medications

- For medication safety, without the authorization of the school, students are not allowed to store any medication in the dormitory or carry any medicine on the school campus. All medication and medication permission forms must be stored in our medical centre or with the boarding teacher.
- Please complete 《self-medicating application form》 if your child needs to take individual medication during school hours. Your child can take the individual medicine with our school medical staff's approval.
- If you would like a school nurse or trained teachers to give the individual medicine to your child, please complete 《Medication Permission Form》
- The boarding students should give their individual medication to the boarding teacher immediately if they bring any medication from home on Sunday when they return to school. All medications should be in their original box/bottle and clearly labelled.
- 《Medication Permission Form》 can be collected from the Medical Centre or boarding teacher's office

Our medical center's general instruction:

Our school has an on-site fully equipped medical center, staffed by registered nurses and the doctor. The medical center holds a license for medical practice that is limited to students and school staff only. The medical center is located on the first floor of Alleyn House. The center provides first aid care for common injuries and ailments. It is also equipped to handle unexpected emergencies. All new students must ensure that a Physical Examination Report within 6 months, and one copy of the vaccination record, 《Student Health Information Form 》 《Treatment Permission Form》 and 《Emergency Care Permission Form》 have been sent to the School Nurse or Admission Office prior to starting school. If a student has specific health conditions requiring individual health care, please contact our school nurse who will create an individual health care plan to meet the specific health needs.

Contact Information: 0512-67875130

Opening hours: Monday to Thursday 8:00 am to 21:00 pm

Friday: 8:00 am to 16:30

Outside these hours, the House parent or boarding tutor on duty is well-trained and qualified to provide first aid. The 24-hour alarm center of SOS is available to get medical advice if necessary.