DULWICH INTERNATIONAL | SUZHOU | HIGH SCHOOL PROGRAMME

苏州德威国际课程高中项目·苏州工业园区德闳高级中学

Student Health Information Form

Student name: **Gender:** **Grade:**

Heath Conditions:

Condition	Yes	No	Condition	Yes	No
Allergies (medication, food etc)			Asthma:		
(Epinephrine prescribed?)			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 《Individual Medication Authorization Form》 is required for medications to be given at school.

Parent signature/Date:

Specific Health Conditions and Medications

Student Name: **Gender:** **Grade:**

Please describe your child's specific health conditions and medications in detail below. Please also submit one copy of your child's diagnosis certificate to our school medical center.

Parent signature:

Date: