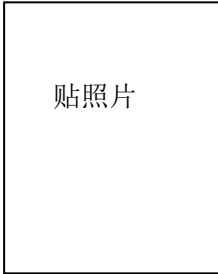




北京中芯南海子幼儿园幼儿健康信息表 Child health information



幼儿姓名: _____

★平时健康情形: 良好 普通 不佳
General Health Status: Good Average Poor

★1. 长期服用之药物 Has your child been prescribed any long-term medications?

★2. 过敏物 Allergies:
食物 Food _____
药物 Drugs _____

★3. 需要让学校知道的健康相关状况 (健康问题或特殊疾病):
Does your child have any health problems/conditions that the school should be aware of?

其他 Other _____

★若学生在学校感到不舒服时, 您是否同意中芯学校及幼儿园员工、保健医、中芯保健中心医护人员可给予我的孩子急救帮助。对于急救产生的任何后果, 上述人员将不负任何责任。

I hereby give consent for The SMIC Private School and Kindergarten's faculty, registered nurse, and medical staff of the SMIC Clinic to administer first aid to my child in accordance to the terms detailed on this sheet. I will not hold the school and/or any of its representatives responsible for any liability resulting from administration of this first aid by these persons.

Signature 家长签名 _____ Relationship to Student 关系 _____ Date 日期 _____

★若需转送医院时, 您希望学校将其送至哪家医院;若无特别指定, 学校将会送往同仁医院或儿童医院。

If your child requires immediate hospitalization, he/she will be sent to **Tongren Hospital or Beijing Children's Hospital**. If you do not wish for your child sent to this hospital, please indicate your preferred hospitals below:

1. _____ 2. _____

★请确认学生是否接受过这些疾病的治疗

Please check if student has received medical treatment for any of the following conditions:

	Yes	No		Yes	No		Yes	No
ADHD 过动儿			Infantile autism 儿童自闭症			Epilepsy 癫痫		
Asthma 哮喘			Eczema 湿疹			febrile convulsion 高热惊厥		
Anemia 贫血			Ear Infections 中耳炎			Mumps 流行性腮腺炎		
Dermatosis 皮肤病			Mononucleosis 单细胞增多症			Vision Problems 眼疾		
Cancer/Tumor 癌症			Hearing Problems 听力障碍			Hepatitis A/B A/B 型肝炎		
Rheumatic Fever 风湿热			Heart Problems 心脏病			Tuberculosis 肺结核		

Signature 家长签名 _____ Relationship to Student 关系 _____ Date 日期 _____