

Student's Passport Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_ M / F  
 学生护照姓名: \_\_\_\_\_ 年级 \_\_\_\_\_ 出生日期 (年、月、日): \_\_\_\_\_ 男 / 女

	No 无	Yes, please explain clearly 如果有, 请写明症状	Date 日期
Allergies 过敏症			
Food Allergies 食物过敏			
Asthma 哮喘病			
Medication being taken 所服药物			
Eyeglasses 配带眼镜		Glasses/contacts 眼镜/隐形眼镜	
Physical limitations 体能局限			
Contagious or chronic diseases 传染或慢性疾病			
Recent changes in your child's health situation since last year? 从去年开始, 孩子的健康状况有无变化?			

If you indicate yes to Allergies, Food Allergies or Asthma we will send home a separate form for you to fill in so we can better understand the situation and treatment.

如果您的孩子有过敏症、食物过敏或哮喘病, 我们将给您另一张表格填写。这样有助于我们更好的了解您孩子的情况并进行护理。

Dates recent immunizations/boosters (please provide copy of record): \_\_\_\_\_  
 近期注射免疫性疫苗或针剂的日期 (请提供记录复印件)

Date last Tetanus or Td Immunization: \_\_\_\_\_  
 最后一次打破伤风针(或破伤风/白喉针剂)的日期

**Over the Counter Medication:**  
**学校医疗看护:**

In the TIS Clinic we have a small selection of over the counter medicines (Acetaminophen –also known as Paracetamol or Tylenol; Ibuprofen, Saridon (given only for menstrual cramps), Peptobismol, Tums. We will also apply ointment at the nurses' discretion to skin injuries: Triple antibiotic ointment, Aquaphor or 1% hydrocortisone cream. All are internationally recognized medications. We can treat your child with these products, but only with parental permission.

在 TIS, 我们有一些医疗看护药品 (退热净 - 就是大家熟知的扑热息痛或是羟苯基乙酰胺; 异丁苯丙酸, 布洛芬(抗炎、镇痛药), 用于治疗痛经、腹部绞痛。根据外伤情况, 我们也提供药膏: 三倍抗生素药膏、Aquaphor 或 1% 氢化可的松 (副肾荷尔蒙之一)。以上药品均为国际认可的药品。在得到家长认可并签字的情况下, 我们才可以对您的孩子采取用药。

**(Please tick one of the boxes below) (请选择其中的一项)**

Yes, the School Nurse should treat our child with the above mentioned medicine, when she feels it is necessary.  
 是的, 当校医认为必要时, 我同意她对我的孩子(们)采取用药。

Yes, the school nurse should treat our child with the above mentioned medicine, when she feels it is necessary, but she must please contact us first.  
 是的, 当校医认为必要时, 我同意她对我的孩子(们)采取用药, 但事前请先通知我。

No, we do not wish the school nurse to treat our child with the clinic's medicine.  
 不, 我不希望校医对我的孩子(们)采取用药。

Name parent (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 家长姓名 (印刷体): \_\_\_\_\_ 签字: \_\_\_\_\_ 日期: \_\_\_\_\_