Medical Information Form 医疗信息表

(Please complete a form for each child.)
请按照要求填写

CHILD'S NAME 姓名: _____DATE OF BIRTH 出生日期: ___/___/_____GRADE 年级: ____

1. Is your child presently under a physician's care for any reason? ____ If yes,
Please explain: _____
您的孩子近期是否有做过任何形式的就医治疗？如果是，请说明原因：_____

2. Has your child had any injury or surgery? Please check appropriate boxes and explain:
您的孩子受过伤或者做过手术吗？如果是，请在下表的方框内打钩，并说明情况。

□ Head (concussion)头	□ Wrist 手腕	□ Foot 脚	□ Lungs 肺
□ Eyes 眼	□ Hands 手	□ Toes 脚趾	□ Shoulders 肩膀
□ Ears 耳	□ Fingers 手指	□ Spine 脊柱	□ Dislocations 脱臼
□ Nose 鼻	□ Leg 腿	□ Neck 颈	□ Muscle strains 肌肉拉伤
□ Throat 喉咙	□ Hip 胯骨	□ Back 背	□ Ligament strains 韧
□ Teeth 牙齿	□ Knee 膝盖	□ Arms 手臂	□ Hernia 疝气
□ Jaw 下颚	□ Ankle 脚踝	□ Chest 胸	□ Osteomyelitis 骨髓炎

3. Does your child have any history of the following conditions? Please check appropriate boxes:
您的孩子是否有过下列情况，如果是，请在对应的方框内打钩。

□ Diabetes 糖尿病	□ Blood in Urine 血尿	□ Nervousness 焦躁
□ Rheumatic 风湿	□ Bladder Problems 膀胱问题	□ Kidney Problems 肾病
□ Asthma 哮喘	□ Genitalia Problems 生殖器问题	□ High Blood Pressure 高血压
□ Hay fever 花粉症	□ Tuberculosis 肺结核	□ Persistent Nose Bleeds 持续鼻出血
□ Epilepsy (seizures)癫痫	□ Fainting Spells 昏厥	□ Heart Problems 心脏病
□ Arthritis 关节炎	□ Persistent Cough 持续咳嗽	□ Stomach (ulcer, etc.)胃
□ Anemia 贫血	□ Dizziness 头晕	□ Consistent Cramping 持续抽筋
□ Hepatitis 乙肝	□ Ringing in Ears 耳鸣	□ Migraine Headaches 偏头痛

4. Is your child currently taking any kind of medication? □ Yes 是 □ No 否
您的孩子最近在服药吗？
If yes, please explain 如果是，请说明原因:

_____

Instructions for medication 药物介绍:

_____

5. Has your child taken any medication for emotional/behavioral problems such as Ritalin for ADD/ADHD, Prozac for depression, Xanax for anxiety, etc? _____ If yes, explain circumstances 您的孩子是否服用针对 ADD/ADHD 利他灵之类的药物以克服情绪和行为问题，或针对抑郁症的百忧解和抑制躁动的阿普唑，或者其他抑制情绪和行为问题的药品。如果是，请描述情况: _____

6. Does your child have a history of emotional/behavioral problems? □ Yes 是 □ No 否 if yes, please explain 您的孩子之前有情绪和行为的问题吗，如果是，请说明:

_____

7. List childhood diseases (e.g. chicken pox) 请列出孩子曾得过的疾病（例，水痘）:

_____

8. Is your child allergic to bee stings? □ Yes 是 □ No 否 If yes, explain reaction 您的孩子对蜂蛰过敏吗，如果是，请说明: _____

9. Is your child allergic to any food or medication? □ Yes 是 □ No 否 If yes, name food/medication and explain reaction 您的孩子对任何食物和药物过敏吗？如果是，请写明过敏源，及所用药物和原因:_____

10. Does your child have any problem that limits his/her participation in athletics? □ Yes 是 □ No 否
If yes, please explain 您的孩子是否因为某些原因，不能参加体育活动？如果是，请说明原因:_____

11. Does your child have a hearing problem? 您的孩子听力有障碍吗？□ Yes 是□ No 否 If yes, does he/she wear a hearing aid? 如果是，他戴助听器了吗？

□ Yes 是 □ No 否

12. Does your child have trouble seeing? □ Yes 是 □ No 否 您的孩子视力有问题吗？ If yes, does he/she wear glasses or contacts? 如果是，他戴眼镜或隐性眼镜吗？

□ Yes □ No

13. Blood type (if known) 血型（如果知道）:_____

14. Please list any prescription or over-the-counter medications your child takes on a regular or as-needed basis. 请列出您孩子需要吃的处方和非处方的药物名称，以备不时之需:

Name of medication: _____ Dosage _____ Time taken _____ Purpose _____
药物名称 剂量 服药时间 药物作用

Name of medication: _____ Dosage _____ Time taken _____ Purpose _____
药物名称 剂量 服药时间 药物作用

15. While at school, all medication, whether prescription or over-the-counter, must be dispensed from the XIA office. With the exception of asthma inhalers and Epipens, students are not allowed to carry medications with them at school. If needed, medications can be kept in the XIA office and can be dispensed only with written permission from a parent. **I give / I do not give** (please circle one of the two) the XIA school office permission to dispense the following medication to my child, if needed:
在学校期间，所有的药物除了除了哮喘吸入器外，其他的无论处方还是非处方药，必须由 XIA 办公室发放。学生不允许自行带任何药物，所有药物要存放在 XIA 办公室，除非学生有家长的书面授权书，才给发放药物。如果需要，我**授权/不授权**（请打钩）XIA 办公室发放以下药物给我的孩子:

Early years: 幼儿

Ibuprofen – for pain/fever 布洛芬-疼痛/发烧	Antibiotic cream – for bruises 抗炎药膏-擦伤

Elementary & High School: 小学&中学

Ibuprofen – for pain/fever 布洛芬-疼痛/发烧	Paracetamol – relief of headaches 扑热息痛—缓解头痛
Antihistamines – for minor allergic reactions 抗组织胺剂—轻微过敏	Antibiotic cream – for bruises 抗炎药膏-擦伤

IMMUNIZATION RECORD 预防针记录	DATE – D/M/Y 日-月-年	DATE – D/M/Y 日-月-年	DATE – D/M/Y 日-月-年	DATE – D/M/Y 日-月-年	DATE – D/M/Y 日-月-年
Diphtheria Tetanus Pertussis 百日咳混合疫苗					
Polio 骨髓灰质炎					
Measles/Mumps/Rubella 麻疹/腮腺炎/风疹					
BCG Skin Test (TB)卡介苗皮肤测试（肺结核）					
Hepatitis B 乙肝疫苗					
Hepatitis A 甲肝疫苗					
Japanese Encephalitis 日本脑炎					
Typhoid 伤寒					
Chicken Pox 水痘					
Small Pox 天花					
Yellow Fever 黄热病					
Influenza 流感					
Tetanus 破伤风					
Gamma Globulin 丙种球蛋白					
Other 其他					

Signature of Parent/Guardian 家长签名: _____Date 日期: ____/____/_____