

# Personal Health Record

健康记录表

Photo

照片

Student Name/学生姓名 (English) \_\_\_\_\_ (中文) \_\_\_\_\_

Gender (性别) F/M \_\_\_\_\_ Date of Birth (出生日期) \_\_\_\_\_

Class (班级) \_\_\_\_\_

Home Address (家庭地址) \_\_\_\_\_

Contact Tel. No. of Father (父亲联系电话) \_\_\_\_\_

Contact Tel. No of Mother (母亲联系电话) \_\_\_\_\_

Please note: A.I.A. takes no responsibility for ensuring your children are vaccinated. This is a matter between parents and the family physician. The following is to make us aware of essential medical information we need to know in order to be able to look after your child. 宁波爱学国际学校不负责给学生做预防接种, 这个由父母与家庭医生负责. 为了让学校更好的照顾您的孩子, 请填写以下表格提供学生健康情况。

Please indicate if your child has any physical condition that may require special attention. e.g. asthma. 学生健康需要注意事项, 例如: 哮喘

Is the child allergic to anything (e.g. penicillin, aspirin, milk, insect stings)?  
学生对何种东西会敏感(如: 青霉素, 阿斯匹林, 牛奶, 虫咬)

In the event of an emergency, do you agree to allow your child to have first-aid treatment at school? (general First-aid including minor cuts and abrasions)

你是否同意如有紧急情况, 子女可在校急救治疗?(一般急救包括小伤口及擦伤)

Yes 是                      No 否

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Please indicate the Medical Care Facility for non-emergency treatment.

请列出指定的医疗机构

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If your child requires emergency medical attention and we are unable to contact you, please note that your child will be taken to the nearest clinic/hospital. You are personally responsible for the payment.如有紧急情况而又无法联络到您的时候，则您的孩子能在必要时被送到最近的诊所或医院治疗。

Name of Parent/Guardian(家长或监护人姓名) Relationship with child (与学生关系)

\_\_\_\_\_

Signature (签名)\_\_\_\_\_

Date(日期)\_\_\_\_\_