



School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_  Male  Female

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

Student Address: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

**Emergency Contact numbers:**

Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

**1. Current Health Problems** (Asthma, chronic disease or condition, vision problems, hearing problems etc.) Yes / No

If YES, please list the condition(s) and details: \_\_\_\_\_

**2. Allergies** Yes / No

If Yes, what is your child allergic to: \_\_\_\_\_

Does your child have a history of anaphylaxis? Yes / No

If Yes, does your child have medicine for this? Yes / No

**3. Medications used regularly** Yes / No

Drug Name (s) / Dose: \_\_\_\_\_

Reason(s): \_\_\_\_\_

Does your child carry any medicine to school? (E.g. Inhaler for asthma, etc.) Yes / No

If Yes: What medicine: \_\_\_\_\_

Reason/How to use: \_\_\_\_\_

**4. Do you have any other medical information to share with hospitals and EMT for emergencies?** Yes / No

If Yes, please provide details: \_\_\_\_\_

**5. Is there any health problem that restricts your child in physical education, music or school activities?** Yes / No

If Yes, please provide details: \_\_\_\_\_

**Immunization Record:**

If your child is a new student or a returning student who was immunized during the last school year, please fill in the table below.

Check here if your child is a returning student and there are no changes to these records since last year

BCG	1. / /	Polio	1. / /	2. / /
DPT	1. / /	2. / /	3. / /	4. / /
DT	1. / /	*Age 11~12		
MR	1. / /	2. / /		
Measles	/ /	Rubella	/ /	MMR
Japanese encephalitis	1. / /	2. / /	3. / /	4. / /

**Activities Permission Statement:**

I hereby give consent for my child to participate in the athletic and extra-curricular activity program of OIS, and for them to accompany any team or group of which the student is a member on any local to out-of-town trip. I authorize the school to obtain any emergency medical care that may become necessary for the student in the course of such activity and travel.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Personal data Statement:** Personal data collected by OIS will be used exclusively by OIS for educational affairs, school events, contact to parents, and the dissemination of school information such as reports, tuition information, PTA information, and other school related events.

