

Annual, Parent Completed: Student Medical History & Permissions

For Use Beginning: 3/2017

File Name: Form

Last Update: 3/2017

Division: All School

Purpose: The form must be completed each year for each student enrolled at Concordia by parent. It should be returned to the school before the first day of school.

Required for: All Concordia students **annually** prior to the start of every new school year or your child's first day of school. Please complete one form **in its entirety** for each of your children. This information is confidential and is viewed only by our school medical staff. Please return this form to the Health Office (Room M121) or Nurse station in ES (Room E101K)

Student's Name: _____ Grade: _____ Sex (circle one): M / F
(Last) (First)

Date of Birth: _____ Home Phone: _____

Mother's Name: _____ Father's Name: _____

Mobile Phone (Mother): _____ Mobile Phone (Father): _____

School-Sponsored Emergency Blood Donor Contact Database: Please complete if you would like to participate.

Father _____ Blood Type _____ RH Factor _____	Mother _____ Blood Type _____ RH Factor _____	Student _____ Blood Type _____ RH Factor _____
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Student Medical History 学生病史 학생병력

Allergies (food, meds, insect) 过敏 (食物, 药物, 昆虫) 알러지반응(음식, 의약품, 곤충)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent Headaches 经常头痛 빈번한 두통	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma 哮喘 천식	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing problems 听力问题 청력 이상	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes 糖尿病 당뇨병	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart disorder 心脏疾病 심장 질환	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy / Seizure Disorder 癫痫症 간질	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis A/B/C 肝炎 A B C 형 간염	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADD/ADHD 儿童注意力缺陷、多动障碍 주의력 결핍 과잉 행동 장애	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scoliosis n. 脊柱侧凸 척추측만증	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety Disorder 焦虑症 불안 장애	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin problems 皮肤问题 피부질환	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chicken Pox 水痘 수두	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech difficulty 语言障碍 언어 표현 장애	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gastrointestinal Disorder 胃肠道病 위장 장애	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision problems 视力问题 시각 장애	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequent Nosebleeds 经常鼻出血 잦은 비강 출혈(코피)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other illness 其他疾病 기타 질환	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered **yes** to any of the above or your child has any additional medical concerns, please explain in detail:

Has your child ever had surgery or been hospitalized? Yes No

If **yes**, please provide details: _____

Immunization Record

Concordia has a **mandatory** vaccination and immunization policy, following the CDC immunization schedule. We require your child to have up to date and/or completed MMR, DPT, and Polio series in order to attend school.

RETURNING STUDENTS: Please submit a scanned or hard copy of immunization record if any updates.

Indicate date of any new immunizations your child has received in the past year _____

NEW STUDENTS: Please submit a scanned or hard copy of your child's immunizations records, including all exact dates. See sample below. Copies of Non-English immunization records are acceptable.

按照疾病预防控制中心预防接种规定，协和国际学校有严格的疫苗接种要求。我们需要您的孩子有最新的和/或完成了 MMR（麻腮风），DPT（百白破），Polio（脊髓灰质炎），方可通过入学。**新生：**请提供您孩子详细的疫苗接种记录，我们也接受非英文的记录。

예방 접종에 관하여 알려드립니다. Concordia 는 예방 접종과 그 기록을 학생의 의무 사항으로 하는 교칙이 있습니다. 등교하려면은 **MMR, DPT, and Polio series** 를 완성하셔야 됩니다. **신입생:** 자녀의접종기록복사본을첨부해주셔도 좋고 정확한 접종날짜를 포함한 일정표를 완벽히 기재해주시기바랍니다. 복사본은 비영어로 하셔 도 좋습니다.

Nurse-Administered Medications

If you require medications to be administered to your child by a school nurse, you must provide the following written instructions. Please note that our nursing staff does not provide injections. If a medication is required long-term (several months to continually), please provide a copy of the doctor's prescription.

- Name of the medication and dosage
- Route and others
- How many days it is required to be given
- Time to be given

Permission to Administer Basic Medications 基本给药同意书 기본 의약품 투약 동의서

The Health Office has a supply of basic medications that a school nurse may administer as needed at school or chaperone on interim.

- 护士办公室备有一些基本的药物，在学校内有需要，或者在学校旅行中，护士或者陪伴的老师可以给药。**您同意您的孩子在身体有轻微不适的时候接受以下非处方药吗？**
- 학교 생활 및 인터럽 여행 중 필요 할 수도 있는 기초 의약품이 학교 간호실에 비치 되어 있습니다. 가벼운 질환에 대한 아래의 의약품 사용에 동의 하십니까?

Acetaminophen (Tylenol)– for pain relief or fever 泰诺林 - 退热、止痛药 타이레놀-진통 해열제	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ibuprofen (Advil, Motrin or Fenbid)– for pain relief / anti-inflammatory, fever 布洛芬 - 止痛药，抗炎，退热药 이부프로펜-진통/소염,해열제	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pseudoephedrine HCL, Dextromethorphan, Chlorphenamine Maleate (Tylenol Cold/ Cough) – for respiratory symptoms 泰诺感冒止咳药-上呼吸道症状 타이레놀 콜드/코프 - 호흡기 증상	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chewable antacids (Tums, Talcid, or Pepto-Bismol)– for stomach upset or indigestion 咀嚼抗酸剂- 胃不适或不消化 씹어 먹을 수 있는 제산제 - 복통 및 소화 불량	<input type="checkbox"/> Yes <input type="checkbox"/> No
Throat lozenges – for sore throats 喉糖-喉痛 인후염 트로키-인후염	<input type="checkbox"/> Yes <input type="checkbox"/> No
Antihistamine : Benadryl / Claritin – for non-life-threatening allergic reactions 抗过敏药 : 苯海拉明，开瑞坦- 轻微过敏反应 항히스타민:베나드릴- 생명을 위협하진 않는 알러지 증상	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loperamide HCL (Imodium) Controls symptoms of diarrhea 易蒙停 - 止泻药 로페라마이드-설사 증상	<input type="checkbox"/> Yes <input type="checkbox"/> No
Topical ointments (1% Hydrocortisone cream, antibiotic ointment, antihistamine cream, deep heating rub, burn gel, cream for insect bite, body lotion)— for cuts, rashes, bites, burn, etc 外用药膏(1%氢化可的松药膏，抗生素药膏，抗过敏药膏，摩擦膏，烫伤软膏，虫咬膏，润肤乳)-擦伤，皮疹，虫咬，烫伤等 외용연고 - 자상, 발진, 벌레 물림, 항히스타민제 크림, 화상 약품, 로션 등	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye drops (眼药水) – Normal Saline, Visine A (生理盐水，抗过敏眼药水) 안약-식염수, 아이 드롭	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service provided for athletic injuries by the Athletic Trainer (not the Health Office) 运动损伤的服务由运动教练提供 (非卫生室) ; 양호실이 아닌 육상 트레이너가 제공합니다.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Ultrasound - transmits therapeutic sound waves into injured tissue. 超声波 – 向受伤的组织传递治疗性声波 ; 초음파- 치료에 도움이 되는 음파를 손상된 조직에 전송합니다. • Electrical muscle stimulation - uses a small electrical current to treat musculoskeletal injuries. 肌肉电刺激 – 利用小电流治疗肌肉骨骼损伤 ; 전기근육자극요법 - 낮은 전류를 근육격 손상의 치료에 사용합니다. 	<input type="checkbox"/> Yes <input type="checkbox"/> No

I give consent for my child to be given non-prescription medications for minor ailments . Initials: _____

Emergency Care Permission

In the event that my child has an accident or illness while attending school or on authorized field trips or activities outside the School, the chaperones/nurses will make every reasonable effort to contact me or my spouse or other emergency contact prior to medical treatment or hospitalization. If hospitalization is required, any procedures, surgery, or anesthesia that may be necessary to save the life of my child may be done via phone consent with myself or my spouse or other emergency contact.

If reasonable efforts to contact myself, my spouse, or other emergency contact person are unsuccessful, the School and its designated chaperones/nurses are authorized to:

1. take my child to seek medical/dental care;
2. to consent to any procedure, surgery, or anesthesia, if, in the judgment of the medical staff, such treatment is needed to save of the life and treat the emergency medical conditions of my child;
3. fill in and sign the forms and other documents necessary to facilitate the above medical procedure; and
4. incur and pay any medical, hospital and ambulance expenses on my behalf as a result of such injury or illness, including those that may not be covered by my insurance.



I understand and acknowledge that Concordia does not provide medical coverage for its students and that I am personally responsible for the student's medical expenses for all Concordia events on and off campus.

The above authorization shall be valid during the current school year unless expressly revoked by me in writing to the School. I further acknowledge that I am responsible for updating the contact information and student health information provided herein to the School and that all information I have provided on this document is complete and correct.

Parent Signature: _____ Date: _____

Print Name: _____