

HoK Medical Record & Authorization

好思之家医疗记录与授权

Present Health 目前健康状况

Does your child suffer from any of the following? 您的孩子是否有以下疾病 (史) ?

Asthma or respiratory problems 气喘或呼吸问题	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hay fever 花粉热	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eyesight problems 视力问题	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes 糖尿病	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hearing problems 听力问题	Yes <input type="checkbox"/> No <input type="checkbox"/>	Epilepsy 癫痫	Yes <input type="checkbox"/> No <input type="checkbox"/>
Skin condition 皮肤问题	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hyperpyretic convulsion 高热惊厥	Yes <input type="checkbox"/> No <input type="checkbox"/>

Others (Please give details) 如有其它请指出 : _____

If yes to any of the above, please provide details 如有以上任何疾病 (史) , 请提供详细信息 : _____

For serious conditions, please provide a detailed medical report.

如有严重状况请提供详细的医疗报告。

Does your child take any medication(s)? 您的孩子是否服用药物 ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any known allergies? 您的孩子是否有过敏史 ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any special dietary requirements? 您的孩子是否有特殊饮食需要 ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child had any surgical procedures? 您的孩子是否经历过任何外科手术 ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes to any of the above, please provide details 如有以上任何情况 , 请提供详细信息 _____

I understand that while the school will make all reasonable efforts to contact me in the case of a medical emergency, this is not always possible. Therefore, I authorize the school to seek medical advice and treatment for my child if the school believes there to be an emergency, and I hereby undertake to pay all costs incurred by the school.

我相信学校在发生需要紧急救护的情况下会尽一切方法和努力与我联系, 但仍有联系不上的可能。因此我授权学校为我的孩子寻求医疗建议与治疗, 如果学校认为面临的是紧急情况, 我将承担所产生的所有费用。

Date 日期 : _____

Child's Name 孩子姓名 : _____

Parent/Guardian Signature 家长 / 监护人签字 : _____