

STUDENT HEALTH HISTORY

Student's name: (surname) _____ (name) _____

Date of birth: (year) _____ (month) _____ (day) _____

Student's medical conditions: _____

Major illness(es) within the past 12 months: _____

Hospitalizations and reason: _____

Has the student received vaccination according to the immunization program in Hong Kong? ☐ Yes ☐ No

(For info about immunization program in Hong Kong, please read:

https://www.fhs.gov.hk/english/main_ser/child_health/child_health_recommend.html)

Allergies (food, medications and environmental): _____

Traumatic experiences and habits that may affect the student (e.g. car sickness, fear of water or heights):

Is the student limited in physical activity? If yes, which activities and reason for limitation:

Summer School

2 weeks: 22 July 2019 – 2 August 2019

3 weeks: 22 July 2019 – 9 August 2019

Is the student currently receiving prescribed medicines that she/he should continue to take during the program?
If yes, please specify the condition accompanied by a medical certificate.

EMERGENCY CONTACT INFORMATION

(Please provide a name other than the parents/ guardian in case they are unreachable.)

Name: _____ Relation to student: _____

Home phone: _____ Mobile: _____

Email: _____

PERMISSION FOR EMERGENCY MEDICAL CARE

In the event of need for emergency surgery or other urgently required treatment and if the School is unable to obtain my verbal permission by telephone, I authorize the School to give instructions for surgery / treatment on the above-mentioned student. I understand that I am financially responsible for medical costs taken in good faith.

Parent / Guardian's signature

Date