Shanghai Livingston American School

Preparing students for academic and personal success.

学生医疗记录 Student Medical Record

学生姓名 Student Name	年级 Grade	性别 Sex	□男 Male □女 Female	出生日期（月/日/年） Date of Birth (mm-dd-yy)
中国住址 Address in China				

国籍 Nationality	出生地 Birth Place	血型 *(请选择一个)* Blood Type *(Please choose one)* □ A □ AB □ B □ O RH 因子 RH Factor □阳性 POS □阴性 ENG	身高 Height	体重 Weight

个人历史 PERSONAL HISTORY

请勾选出此学生是否接受过以下疾病的治疗：
Please check if the student has received medical treatment for any of the following conditions:

□注意力不足过动症/注意力不集中 ADD/ADHD	□癫痫/突然发作疾病 Epilepsy/Seizures	□肺炎 Pneumonia
□哮喘 Asthma	□频发性中耳炎 Frequent Otitis Media	□皮疹/皮肤问题 Rash/Skin Trouble
□背部问题 Back Problems	□腰椎骨折 Fractures Vertebra	□风湿热 Rheumatic Fever
□癌症 Cancer	□频发性流感 Frequent Colds	□猩红热 Scarlet Fever
□胸口疼 Chest Pain	□频发性头疼 Frequent Headaches	□气急气喘 Shortness of Breath
□水痘 Chicken Pox	□听力问题 Hearing Problems	□视力问题 Vision Problems
□肝炎 Hepatitis	□肺结核 Tuberculosis	□出生缺陷 Birth Defects
□阅读障碍 Dyslexia	□单核血球增多症 Mononucleosis	□精神病 Mental Illness

此学生现今是否定期服用药物？Is the student currently taking medication regularly? □ 是 YES □ 否 NO
如果是的话，请详细说明服用药物是针对什么疾病的？If so, what medication and for what purpose?

此学生是否接受过手术？Has the student undergone surgery? □ 是 Yes □ 否 No
如果是，请详细说明：If so, please explain:

此学生的家里任何成员有以下病症吗？如果有，请勾选：
Has anyone in the student's family suffered from any of the following conditions? If so please check:

□ 糖尿病 Diabetes □ 心脏病 Heart Disease □ 精神病 Mental Illness
□ 高血压 High Blood Pressure □ 癌症 Cancer □ 癫痫/突然发作疾病 Epilepsy/Seizures

还有其他任何病症吗？Any other medical conditions?

此学生有任何过敏吗？Does the student suffer from allergies?

药物 Drug(s) □ 是 Yes □ 否 No 环境因素 Environmental factors □ 是 Yes □ 否 No
食物 Food(s) □ 是 Yes □ 否 No 其他 (*请详细说明*) Other (*Please specify*)

此学生与谁一同住？With whom does the student reside?

□ 双亲 Both Parents □ 父亲 Father □ 母亲 Mother □ 监护人 Guardian

此学生是否有任何的生理或者心理不适以至于不可以参加体育课？Does the student have any medical condition which would prevent him/her from participating fully in physical education classes? □ 是 Yes □ 否 No
如果是，请详细说明：If so, please explain:

请注意，上海李文斯顿美国学校不接受有严重食物过敏的学生。

Please be aware that LAS is not enrolling new students with any serious food allergies.

疫苗记录 VACCINATION RECORD

1. 请勾选出您的孩子是否注射过以下疫苗。Please check if your child has received the following immunizations. 2. 请附上注射以下疫苗的详细报告以及注射日期。Please attach a copy of the following immunizations including dates of administration.		
□ 白喉/百日咳/破伤风 Diphtheria/Pertussis/Tetanus	□ 麻疹/腮腺炎/风疹 Measles/Mumps/Rubella	□ 小儿麻痹症 (口服/注射) Poliomyelitis (Oral/Inject)
□ 乙型肝炎或者伽玛球蛋白 Hepatitis A or Gamma – Globulin	□ 乙型肝炎 Hepatitis B	□ 肺结核 Tuberculosis
□ 伤寒症 Typhoid	□ 其他 Others	

上一次的体检日期（月-日-年） Date of last medical exam (mm-dd-yy)	上一次的视力检查（月-日-年） Date of last vision exam (mm-dd-yy)
上一次的牙科检查（月-日-年） Date of last dental exam (mm-dd-yy)	

在家长联系不到的紧急情况下，应与以下人员联系：

PERSON(S) TO NOTIFY IN AN EMERGENCY IF PARENTS CANNOT BE REACHED.

邻居/好友的姓名 Name of Neighbor/Friend	电话号码 Phone Number
家庭医生/医疗诊所的名称 Family Doctor/Clinic Name	电话号码 Phone Number

* *如果您由于什么原因而不在上海了，请将您缺席的日期以及您不在期间应与哪位联系的姓名以及联系方式及时告知您孩子的班主任老师以免有任何紧急突发事件发生。*

* *If you are out of town for any reason, please notify your child's teacher regarding the duration of your absence and the name and telephone number of a person to contact in case of an emergency involving your child.*

在校服药 MEDICINE AT SCHOOL

如果您希望您的孩子在校期间定期服用药物的话，请用中文写下药物名称并告知学校的校医。

If you wish to have medicine administered to your child by the school nurse you must provide the nurse in writing (in English):

1. 药物名称：The name of the medicine _____
2. 药物用途：The purpose of the medicine _____
3. 药物服用剂量以及频率：The dosage and frequency of administration. _____

学生不允许擅自自己服用任何药物。药物服用必须在校医的诊所内，并在其监督下完成。Students are not permitted to have drugs or medications on their person. All such administrations must take place in the nurse's office under her supervision.

保险信息 *INSURANCE INFORMATION*

所有学生必须持有自己的医疗保险。在办理入学之前，医疗保险是必须的并且在学生就读于李文斯顿美国学校期间不断更新。
All students must have their own medical insurance. Medical insurance details are required at the time of admission and must be kept up to date for the duration of a student's enrollment at SLAS.

医疗提供商姓名 Medical Provider Name	保险单号码 Insurance Policy Number

如果有紧急情况或者事故发生，请告知您倾向于就医的医院：If emergency/accident arises, please specify preferred hospital(s)

选择 1 Choice 1 _____

选择 2 Choice 2 _____

如果有重大的医疗紧急事件发生，并且需要及时就医的情况，那么上海长宁区中心医院（现改名为：上海交通大学医学院附属同仁医院）将会是首选，其地址为：仙霞路 1111 号，电话： (8621) 62909911 – 1333 或者 1337。在送往就医之前，我们一定会及时通知到家长以及监护人。我校为在校生提供在校意外险。该保险可适用于大多数的医院，但不适用于昂贵的西式医院，例如和睦家医院和百汇医疗等。相关医院的信息请咨询学校护士或行政处。 在这张表格上签名也就是意味着您给予了上海李文斯顿美国学校一个权力，即若有任何紧急事件发生的情况下，校方可以及时联系医院将您的孩子送医。

In case of a severe injury or medmergency at school requiring transfer to a medical facility, Shanghai Chang Ning Medical Center, No. 1111 Xian Xia Rd, Tel: (86ical e21) 62909911 – 1333 or 1337, will be used. Every effort will be made to contact parents/guardians prior to transport. The school carries accident insurance for all currently enrolled students that covers accidents that occur on campus. This insurance is valid at most local hospitals, but does not provide coverage at premium Western hospitals such as United Family Healthcare and Parkway Health. Please consult the school nurse or administration for eligible hospitals. By signing this form you give Shanghai Livingston American School permission to contact a medical practitioner and/or transfer your child to a medical facility in case of an emergency.

还有什么有关身理的信息是校方需要知道的？

Is there any other health information about which the school should be aware?

_____

_____

我确保上述表格中所填写的信息均真实有效。我明白并了解如果我提供任何虚假信息或者遗漏任何信息的话，此学生将会不被录取。

I certify that the information provided in this application is complete and correct. I understand a child may be discontinued enrollment from Livingston American School if any information provided in the application is incorrect, withheld, or omitted.

签名：Signature: _____ 日期 （月/日/年）Date (mm/dd/yy): _____

与申请者的关系：Relationship to applicant: _____