Shanghai Livingston American School

Preparing students for academic and personal success.

Student Medical Record

*Please fill out in **BLOCK CAPITALS**.*

Please fill out the medical form in English.

Student Name	Grade	Sex	□ Male □ Female	Date of Birth (mm-dd-yy)
Address in China				

Nationality	Birth Place	Blood Type *(Please choose one)* □ A □ AB □ B □ O RH Factor □ POS □ ENG	Height	Weight

PERSONAL HISTORY

Please check if the student has received medical treatment for any of the following conditions:

□ ADD/ADHD	□ Epilepsy/Seizures	□ Pneumonia
□ Asthma	□ Frequent Otitis Media	□ Rash/Skin Trouble
□ Back Problems	□ Fractures Vertebra	□ Rheumatic Fever
□ Cancer	□ Frequent Colds	□ Scarlet Fever
□ Chest Pain	□ Frequent Headaches	□ Shortness of Breath
□ Chicken Pox	□ Hearing Problems	□ Vision Problems
□ Hepatitis	□ Tuberculosis	□ Birth Defects
□ Dyslexia	□ Mononucleosis	□ Mental Illness

Is the student currently taking medication regularly? □ YES □ NO

If so, what medication and for what purpose?

Has the student undergone surgery? □ Yes □ No

If so, please explain:

Has anyone in the student's family suffered from any of the following conditions? If so please check:

□ Diabetes	□ Heart Disease	□ Mental Illness
□ High Blood Pressure	□ Cancer	□ Epilepsy/Seizures

Any other medical conditions?

Does the student suffer from allergies?

Drug(s) □ Yes □ No Environmental factors □ Yes □ No

Food(s) □ Yes □ No Other (*Please specify*)

With whom does the student reside?

□ Both Parents □ Father □ Mother □ Guardian

Does the student have any medical condition which would prevent him/her from participating fully in physical education classes?

□ Yes □ No

If so, please explain:

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

VACCINATION RECORD

1. Please check if your child has received the following immunizations. 2. Please attach a copy of the following immunizations including dates of administration.		
□ Diphtheria/Pertussis/Tetanus	□ Measles/Mumps/Rubella	□ Poliomyelitis (Oral/Inject)
□ Hepatitis A or Gamma – Globulin	□ Hepatitis B	□ Tuberculosis
□ Typhoid	□ Others	

Date of last medical exam (mm-dd-yy)	Date of last vision exam (mm-dd-yy)
Date of last dental exam (mm-dd-yy)	

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

Name of Neighbor/Friend	Phone Number
Family Doctor/Clinic Name	Phone Number

* *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.*

MEDICINE AT SCHOOL

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

1. The name of the medicine _____
2. The purpose of the medicine _____
3. The dosage and frequency of administration. _____

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.

INSURANCE INFORMATION

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.

Medical Provider Name	Insurance Policy Number

If emergency/accident arises, please specify preferred hospital(s)

Choice 1 _____

Choice 2 _____

In case of a severe injury or medical emergency at school requiring transfer to a medical facility, Shanghai Chang Ning Medical Center, No. 1111 Xian Xia Rd, Tel: (8621) 62909911 – 1333 or 1337, will be used. Every effort will be made to contact parents/guardians prior to transport. 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.

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

_____

_____

_____

_____

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

Signature: _____ Date (mm/dd/yy): _____

Relationship to applicant: _____