



Shenzhen International Foundation College
深圳国际预科学院
 Health History Form for New Students
 新生健康记录表

1. Does your child have any of following health problems? Please mark all past or current personal medical problems, allergies, and/or medication your child has/is taking, if your child has no past or current personal medical problems, please mark the appropriate starred box under each category. 您孩子是否有以下疾病，请列明。如果没有也请注明。

■ Medical History 身体相关疾病

- No medical problems 无身体问题 Heart Disease 心脏病 Blood pressure disease 血压病 Asthma 哮喘
 Menstrual Problems 月经问题 Diabetes 糖尿病 stomach Problems 胃痛
 Eye/ Ear Problems 眼耳疾病 Any Infectious Disease 任何传染性疾病
 Allergies 过敏 others 其他 _____

■ Mental Health History 精神相关疾病

- No mental health problems 无精神疾病 Depression 抑郁症 Autistic Disorder 自闭症
 Bipolar disorder 躁动症 Epilepsy 癫痫 others 其他 _____

■ Other problems 其他问题 _____

2. Please note any past hospitalizations, surgeries or procedures. or other significant allergy that your child has experienced. 如您孩子近期有住院、手术或者重大的过敏问题，请列明。

3. Does your child take medication routinely? Please note any medications—both prescription and non-prescription your child is currently taking and include the dosage. 您孩子平时是否服用某些药物？请列明。

4. Does your child have any conditions which limit physical activity? 您孩子有什么健康问题会影响体育活动？请列明。

5. I give permission for SIFC dispense routine first aid to my child for minor conditions such as cuts, abrasions, stomach ache, and headache. 我授权学校在孩子有擦伤、胃痛或头疼等轻微症状时给予常规治疗

6. In the event of an emergency in or out of the campus, SIFC will transport emergency cases to the nearest Hospital and inform parents as soon as possible. If you do not agree with this and have other ideas please come to school immediately. 如您孩子在校内或校外发生紧急情况时，学校会送学生到就近的医院医治，并第一时间联系家长。若家长有不同意见，请立即赶到学校处理。

Emergency contact Person 紧急联系人: _____

Emergency contact Number 紧急联系人电话: _____

Please provide information on at least one person in Shenzhen besides parents we can contact in the event we cannot reach parents (or guardian) in an emergency. 如紧急时联系不到父母，请列至少一位除家长外的在深圳的紧急联络人：

Name姓名: _____

Relationship to family 关系: _____

Contact number 联系电话: _____

I hereby give permission for Shenzhen International Foundation College (SIFC) to initiate emergency measures in the event of an accident or sudden serious illness. I understand that the school will try immediately to contact me or, if I am unreachable, the emergency contact(s) listed above. I understand that the school administrators and staff make decisions based on their best judgment, and I will not hold school administrators, teachers, or Shenzhen International Foundation College (SIFC) legally responsible. I declare that all the information submitted in this form is authentic and complete.

我特此声明在紧急时授权深圳国际预科学院采取相应措施。我清楚学校在我孩子发生紧急情况时会立即联系我，若不能及时联系到我，学校将会联系我以上列出的紧急联络人。同时我理解学校管理人员及教职员工的决定是当时最佳判断，本人承诺不予追究法律责任。我声明本人在此表中提供的信息和附加的报告真实且完整。

Signature of parent 家长签名: _____

Date 日期: _____