Princeton (Shenzhen) Forest Kindergarten
Health Form

Student's Full Name
(As it appears in the Passport) ---------------------- ----------------------------------
Surname *First name*

Chinese Name -----------------------------

Date of Birth -------- -------- -------- Gender M F
Day *Month* *Year*

Nationality ---

Home Address ---

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1. Does your child have any medical condition or disability? ☐ Yes ☐ No
If yes, please give further supportive information.

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2. Does your child take regular medication? ☐ Yes ☐ No
If yes, what medicine is your child taking? How often and what is it for?

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3. Does your child have any known allergies? ☐ Yes ☐ No
What is/are the cause of the allergy/allergies?
Describe the reaction(s) and what should be done to manage it/them:

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4. Does your child have any known dietary requirements? ☐ Yes ☐ No
If yes, what are the dietary requirements?

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5. Does your child wear glasses? ☐ Yes ☐ No
If yes, how strong are the glasses?

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6. Tick any problems that your child has currently or previously had:

- [ ] Asthma (please state triggers)
- [ ] Cancer
- [ ] Hospitalized (operations)
- [ ] Anemia
- [ ] Diabetes
- [ ] Lung disease
- [ ] Arthritis
- [ ] Vision problems
- [ ] Seizures
- [ ] Behavioral and emotional
- [ ] Heart
- [ ] Eczema
- [ ] Other --

If any of the above, please give details including date(s):

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7. Tick any contagious diseases your child has had, and state the age when it occurred:

- [ ] Chicken pox --------------
- [ ] Measles --------------
- [ ] Scarlet fever --------------
- [ ] Diphtheria --------------
- [ ] Mumps --------------
- [ ] Whooping cough --------------
- [ ] German measles --------------
- [ ] Pneumonia --------------
- [ ] Poliomyelitis --------------
- [ ] Hand, foot and mouth --------------

8. In case that your child complains of minor pain or illness while at school, would you agree to allow the school nurse to apply preliminary medical treatment to your child?

- [ ] Yes
- [ ] No

9. Is there anything else you would like us to know about your child's health and wellbeing?
Please use separate sheet if required.

Student’s Immunization Record

Student’s Full Name _____________________ _________________________________
(As it appears in the Passport) *Surname* *First name*
Chinese Name _________________________

Vaccination	Date	Date	Date	Date	Date
Diphtheria Tetanus, Pertussis (DTaP)					
Rotavirus					
Hepatitis A					
Hepatitis B					
Japanese Encephalitis					
Meningitis A					
MMR (Measles. Mumps and Rubella)					
MR (Measles, Rubella)					
Haemophilus Influenzae Type B (HIB)					
Inactivated Polio Virus (IPV)					
TD (Tetanus and Diphtheria)					
Meningitis A and C					
Tuberculosis (BCG)					
Varicella					
Other					

PLEASE STATE WHAT COUNTRY’S VACCINATION SCHEDULE YOU ARE FOLLOWING:

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Parent’s/Guardian’s Name (print): ___________________________________

Parent’s/Guardian’s Signature: ___________________________________ Date: ___________________________

Emergency Contact and Consent Form

Student's Full Name ____________________ ________________________________
(As it appears in the Passport) *Surname* *First name*

Chinese Name __________________________

EMERGENCY CONTACT INFORMATION:		
1. Father's Name:		
Mobile Phone:	Work/Additional Phone:	Home Phone:
2. Mother's Name:		
Mobile Phone:	Work/Additional Phone:	Home Phone:
3. Guardian's Name:		
Mobile Phone:	Work/Additional Phone:	Home Phone:
3. Preferred Hospital Name:		
Phone Number:		
Address:		

I/We understand that in the event of an emergency or a critical incident, every effort will be made to contact parents and that my/our child will be taken to a suitable hospital for treatment. I authorize members of the supervisory staff to approve such essential medical treatment for my child, as is deemed necessary, in an emergency or as a result of a critical incident, on the advice of a qualified medical practitioner. In such an event, I/we shall be liable for any costs incurred for the treatment.

Parent's/Guardian's Name (print): __________________________________

Parent's/Guardian's Signature: __________________________________ Date: __________________________