



## School Health Document

Medical Information Form – to be completed for all students

To enable our school to provide the best possible care to your child when they are injured or unwell, please spend a few minutes to complete the form and return it to our school. This information needs to be updated for extended trips such as school camps that may occur during the school year.

### Part I: Personal Information

Student Name			Male / Female
Age	Birth Date	Year/class	School
Address			
Hong Kong ID number			
Passport number			
Nationality*			
Parent/Guardian's Name:		Other emergency contact name:	
Phone (Work)		Relationship to student	
Phone (Mob)		Phone (Mob)	
Phone (Home)		Phone (Work/Home)	

- Passport numbers are required for all students not in possession of a Hong Kong I.D. card. This data is required for the use of emergency helicopters or other related government service providers.
- If the HK ID number or passport number have changed you should attach photocopies to this form as proof.

*In case of Emergency, the above named parent(s)/guardian(s) will be contacted.*

### Part 2: Medical Information

**Please check carefully that the following medical information is up to date and inform of any changes.**

Medical Conditions	Yes	No	If Yes give further details
Blood disease / bleeding problems / Rhesus -ve			
Diabetes			
Diagnosed Anorexic or Bulimic			
Epilepsy or other neurological conditions			
Heart conditions or previous heart surgery			
Kidney or bladder problems			
Self Harmer or otherwise at risk/Severe Psychological condition			
Dizziness / Fainting spells			
G6PD			
Joint problems / scoliosis			
Previous serious injury, illness or surgery relevant to a current condition			
Dermatitis / eczema			



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### II.1 Immunisations

Has your child had all their immunisations according to the Hong Kong Government Child Immunisation Programme (See last page of this document for reference)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note it is mandatory for children to have completed the Hong Kong Government Immunisation programme or equivalent. If your child has not taken all the immunisations listed, please visit your family doctor to make arrangements.	
Please list any other immunisations, e.g. Flu shot, Hepatitis A, Typhoid, Tetanus booster, etc., which your child has had within the last 10 years. Give dates if possible, e.g. Flu shot – 2009, Tetanus booster – 2010, etc.	

### II.2 Allergies:

Does your child suffer from any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your child allergic to?	
Does your child see a doctor about their allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximately how many reactions does your child have in one year?	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-12 <input type="checkbox"/> More than 12
How severe is the reaction?	<input type="checkbox"/> Mild with no change in activity <input type="checkbox"/> Moderate with need for slight change of activity <input type="checkbox"/> Moderate with the need for immediate change of activity <input type="checkbox"/> Severe with the need for medical attention
Has hospitalization occurred because of a reaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe what happens during a reaction	
In the event of a reaction, what actions are necessary?	
What medication is used to treat this allergy? How is it administered, e.g. dosage, frequency, route of administration?	



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### II.3 Asthma

Does your child suffer from asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child see a doctor about their asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How severe is the reaction?	<input type="checkbox"/> Mild with no change in activity <input type="checkbox"/> Moderate with need for slight change of activity <input type="checkbox"/> Moderate with the need for immediate change of activity <input type="checkbox"/> Severe with the need for medical attention
Approximately how many attacks does your child have in one year?	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-12 <input type="checkbox"/> More than 12
Has hospitalisation occurred because of a reaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What medication is used to treat your child's asthma? How is it administered, e.g. dosage, frequency, route of administration?	

### II.4 Other conditions

Does your child have any other condition that may affect them in school or on a trip?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:	

### II.5 Medications

Does your child take any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List the medication and how they are administered, e.g. dosage, frequency and route	



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### II.6 Dietary information

Please provide any special dietary requirements of your child

### II.7 Safety in and around water

Is your child a confident swimmer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Can your child keep afloat in water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Can your child swim at least 50 metres fully clothed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

### Declaration

I have completed this medical form accurately, truthfully, and to the best of my knowledge as of today's date. I understand that it is my responsibility as a parent to inform the school of any previous or new health problems or injuries and I am aware that if I have not, the school cannot be held responsible for the consequences.

The school will endeavour to contact the parent or emergency contacts should your child be ill or injured. However, if for any reason there is an emergency, I hereby give consent and full authority for the staff or agents of the school to arrange for and consent to any medical treatment or hospitalisation for my child/guardian while s/he is in the care of the school. I further authorise these staff members to enter into and execute, on my behalf, such documents or consents as may be required by Medical Practitioners, Health Care Professionals or Hospitals for such purposes.

Name of Parent / Guardian \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Relationship to student \_\_\_\_\_

Print name of student \_\_\_\_\_

Date \_\_\_\_\_



## Hong Kong Childhood Immunisation Programme

In order to protect infants and children from serious [infectious diseases](#), the [Department of Health](#) of [Hong Kong](#) provides a free comprehensive childhood [immunisation programme](#) to [Hongkongers](#) over all the Maternal & Child Health Centres.

AGE	Immunisation RECOMMENDED
Newborn	B.C.G. Vaccine Hepatitis B Vaccine - First dose
1 month	Hepatitis B Vaccine - Second dose
2 months	DTaP-IPV Vaccine - First Dose Pneumococcal Vaccine - First Dose
4 months	DTaP-IPV Vaccine - Second Dose Pneumococcal Vaccine - Second Dose
6 months	DTaP-IPV Vaccine - Third Dose Pneumococcal Vaccine - Third Dose Hepatitis B Vaccine - Third Dose
1 year	MMR Vaccine (Measles, Mumps & Rubella) - First Dose Pneumococcal Vaccine - Booster Dose
1 1/2 year	DTaP-IPV Vaccine - Booster Dose
Primary 1	MMR Vaccine (Measles, Mumps & Rubella) - Second Dose DTaP-IPV Vaccine - Booster Dose
Primary 6	dTap-IPV Vaccine - Booster Dose

## References

- [http://www.fhs.gov.hk/english/main\\_ser/child\\_health/child\\_health\\_recommend.html](http://www.fhs.gov.hk/english/main_ser/child_health/child_health_recommend.html)
- <http://www.fmskh.org/database/articles/005sf1.pdf>
- *Basic Principles in Biology* (book 3), Y.K.To ISBN 962-354-183-X
- *Advanced-level Biology for Hong Kong* (volume 4), Y.K.Ho ISBN 962-900-637-6