



HQIS Information Update Form 20

虹桥国际学校紧急联系信息更新表

Parent's Name 家长姓名: _____ Child's Name 学生姓名: _____ Child's Class 班级: _____

I would like to have my child's Emergency Information updated from _____ (M/D/Y) with the following changes:
我希望以下信息从 _____ (月/日/年) 起开始更新

Please "X" the item you would like to update and fill in with the changed information:

请在需要更新的条目前面画 "X"

Parent or guardian name (s) 家长或监护人姓名 _____

Shanghai residential address details 上海居住地址 _____

Mobile, home phone, and/or parent work phone numbers 手机号码, 家庭号码或工作号码

Emergency contact phone numbers-friends or family members to contact if parents cannot be reached 紧急联系人— (在无法与父母取得联系情况下使用朋友或除父母外的家庭成员)

Medical alert information

To ensure the best care possible, parents should inform the school of a child's specific medical conditions and health requirements (i.e. allergies, asthma, febrile seizures, etc.).

a) If your child needs to take any medicine for such medical conditions, please fill the Medication Authorization Form (please refer to the Family Handbook), and bring it with the medication to the school clinic.

b) If your child had an anaphylactic shock (a serious allergic reaction), please write down the details in below.

c) If your child has severe allergy, and your doctor prescribed an Epi-Pen or other anti-allergic medication, please write down the details in below and bring it with the doctor's letter to the school clinic.

健康信息:

为确保您的孩子得到及时的医疗救助, 有以下情况, 请家长及时通知学校。

a) 如果您的孩子需要在校用药, 请您填写《虹桥国际学校学生用药授权表》, 将药物和表格送至学校医务室。

b) 如果您的孩子有特殊的医护需要或是其他慢性疾病(比如过敏、哮喘、发热惊厥或其他), 请在下方详细说明;

c) 如果您的孩子有严重过敏反应(过敏性休克)病史, 请在下方详细说明, 并告知具体的过敏原; 如果医生建议自备Epi-Pen或其他抗过敏药物, 请将药物并医生的处方送至学校医务室。

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