



John Paul College
Unity | Christ | Learning

澳洲英語科學營報名表/ 學生健康信息卡



STUDENT MEDICAL PROFILE

姓 Surname 名 Given Name English Name 英文名

Date of Birth 生日 Year level 目前就讀幾年級

Emergency contact 緊急聯絡人 Relationship 相互關係 Telephone 電話

Does Your Child Suffer From?

Is Your Child on any Medication/Herbal Supplements?

Conditions	請問您的孩子是否有以下情況	是 [] Yes	否 [] No
心臟問題	Heart problems	[] Yes	[] No
呼吸哮喘	Respiratory problems: Asthma/Other	[] Yes	[] No
糖尿病	Diabetes	[] Yes	[] No
血液病	Blood disorder	[] Yes	[] No
癲癇	Epilepsy	[] Yes	[] No
偏頭痛	Migraine	[] Yes	[] No
恐懼症	Phobias	[] Yes	[] No
過敏	Allergies	[] Yes	[] No
注意力不集中	Attention Difficulty: ADD/ADHD	[] Yes	[] No
亞斯伯格症	Aspergers Syndrome/ Autism	[] Yes	[] No
失讀症	Dyslexia	[] Yes	[] No
最近的疾病	Recent illnesses	[] Yes	[] No

Medications 請問孩子目前有什麼一直需要服務任何藥物/健康病理特殊情況

請問孩子是否有任何飲食忌諱, 有請務必寫出, 若無請寫無:

Has your child received any assistance from or been in contact with:		請問目前孩子有沒有需要以下問題需要幫助?	
指導老師	Guidance Officer	[] Yes	[] No
顧問	Counsellor	[] Yes	[] No
心理學家	Psychologist/Psych. Analyst	[] Yes	[] No
心理醫生	Psychiatrist	[] Yes	[] No
	聽力/視力問題	Hearing/Vision Impaired Services	[] Yes [] No
	口說障礙	Speech Therapists	[] Yes [] No
	視障	Visual Services	[] Yes [] No
	身障	Physically Handicapped Services	[] Yes [] No

If you answered Yes to any question above, please give details:

Permission to administer Paracetamol (for fever, minor aches and pains) [] Yes [] No
 我允許校方提供抗炎解熱鎮痛藥 (用於如果孩子發燒時、摔到受傷減輕疼痛動情況時) 是 否
 John Paul College reserves the right to administer emergency care, or refer a student to a medical practitioner or hospital should the situation arise.

我同意遊學團期間, 如遇到緊急時刻, 約翰保羅學院擁有權利在第一時間決定孩子是否應該急救/接送診治/送往醫院, 任何的急救決定

I declare that the information given above is complete and accurate. 我同意以上並且我所提供的健康信息是正確的

家長簽名 Signature of Parent / Legal Guardian Dated 日期

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洽談AMEC英語科學營項目教育顧問: 本團專案接洽老師必須是AMEC澳準確定委任的洽團老師才能協助受案info@amecnews.com

