Hiroshima International School

Medical History

Student's Name: _____ Date of Birth _____
(last) (first)

Entering Grade: _____

Permission to dispense Tylenol (Acetaminophen)? ☐ Yes ☐ No (Be sure to check one.)

Permission to dispense Ibuprofen? ☐ Yes ☐ No (Be sure to check one.)

Elementary school parents will always be contacted. However, Secondary School student(s) —unless "No"is checked—will receive Acetaminophen or Ibuprofen when requested.

**** PERMISSION FOR EMERGENCY TREATMENT ****

If I cannot be reached, HIS personnel can seek emergency treatment for my child.

Parent Signature: _____ Date: _____

*** EMERGENCY CONTACT IN JAPAN ***

Name: _____ Relationship: _____

Phone #: _____ Cell Phone #: _____

Asthma	☐Yes	☐No	Diabetes	☐Yes	☐No
Heart Disease	☐Yes	☐No	Seizures	☐Yes	☐No
Congenital Anomalies	☐Yes	☐No			
Serious Injuries/Accidents	☐Yes	☐No	(year)_____ Explain: _____		
Major Surgery (Operations)	☐Yes	☐No	(year)_____ Explain: _____		

Allergies (List) Drug: _____ Reaction: _____

Food: _____ Reaction: _____

Other: _____ Reaction: _____

Other Health Concerns _____

_____

Routine Medications (List) and Reason for Taking: _____

_____

Required Immunizations						**Recommended Immunizations**		
Vaccine		mm/dd/yyyy	Vaccine		mm/dd/yyyy	Vaccine		mm/dd/yyyy
DTP/ DT/ TD	No.1	/ /	MMR	No.1	/ /	BCG		/ /
	No.2	/ /		No.2	/ /	Chicken Pox		/ /
	No.3	/ /	Measles	No.1	/ /	Hept A	No.1	/ /
	No.4	/ /		No.2	/ /		No.2	/ /
	No.5	/ /	Rubella	No.1	/ /	Hib	No.1	/ /
	No.6	/ /		No.2	/ /		No.2	/ /
Polio	No.1	/ /	Mumps	No.1	/ /		No.3	/ /
	No.2	/ /		No.2	/ /		No.4	/ /
	No.3	/ /	Hept B	No.1	/ /	Japanese Encephalitis	No.1	/ /
	No.4	/ /		No.2	/ /		No.2	/ /
				No.3	/ /		No.3	/ /

Immunization exemptions must be explained in a letter to the school.

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