

### Health Information (健康信息表)

Dear Parent/Guardian (尊敬的父母/监护人) :

Your child's health and well being is important to us. To best accommodate your child's needs while at school, it is important that you indicate any health conditions that your child may have. In addition, maintaining confidentiality is of great importance to us, therefore, this information will be kept in a secured area within the school clinic. Only appropriate school personnel will have access to this information.

你的孩子的健康和幸福对我们很重要。为了最好地适应您孩子在学校期间的需要，重要的是您指出您的孩子可能有的任何健康状况。此外，保密是对我们非常重要的，因此，这些信息将被保存在学校诊所的安全区域。只有适当的学校人员才能访问此信息。

Please note that we require a signed order from the physician to dispense any prescription medications, inhalers, or Epi-pens during school hours. All medications will be securely stored in the school clinic unless otherwise designated by your child's physician. Specific health forms are available from the school nurse relating to medication administration and health condition management. These forms should be completed and returned to us as soon as possible to avoid lapses or delays in your child's care. An individualized health care plan may be developed and updated annually based on the severity of the health condition.

请注意，我们需要医生签发的处方，以便在上学期期间分发任何处方药物，吸入器或使用Epi笔。所有药物将安全地存储在学校诊所，除非您的孩子的医生另有指定。可以从学校护士获得与药物管理和健康状况管理相关的健康表格。这些表格应该尽快完成并交还给我们，以避免对您孩子照顾的过失或延误。基于健康状况的严重性，每年制定和更新个性化的健康护理计划。

Thank you for your assistance in this matter.  
感谢您对此事的协助。

Regards (此致) ,

Lori Fisher, RN, BSN  
Carrie Anne Shoop, RN, BSN  
Mellesha Monterrubio, RN, BSN  
District Nurses

Student's Name (学生姓名) :

DOB:

Homeroom Teacher (班主任老师) :

Grade (年级) :

Please indicate below any health conditions that your child is **currently** under a physician's care for as well as any related medications to be given during school hours.

请在下面注明您的孩子目前正接受医生照顾的任何健康状况，以及在上学期期间给予的任何相关药物。

我的孩子目前没有任何健康状况。

我的孩子在医生的照顾下，有以下健康状况：

过敏 – (食物, 昆虫):

Jackson Local School District  
7602 Fulton Drive, NW  
Massillon, OH 44646

- |                          |                    |                          |          |
|--------------------------|--------------------|--------------------------|----------|
| <input type="checkbox"/> | 糖尿病 - I型或II型 (请选择) | <input type="checkbox"/> | 哮喘       |
| <input type="checkbox"/> | 神经学:               | <input type="checkbox"/> | ADD/ADHD |
| <input type="checkbox"/> | 血液病:               | <input type="checkbox"/> | 过敏 (季节性) |
| <input type="checkbox"/> | 心脏:                | <input type="checkbox"/> | 低血糖      |
| <input type="checkbox"/> | 正在治疗的其他状况:         | <input type="checkbox"/> | 耳聋       |
|                          |                    | <input type="checkbox"/> | 失明       |

父母/监护人签名

日期