



HEALTH FORM

運動英文營健康調查表

Student Name 學生姓名: _____

Last (姓) First (名) Middle

Birthdate 生日(mm/dd/yyyy): _____ Sex 性別: _____

Grade at entry 年級: _____ Date of entry to Camp 入夏令營日: ____/____/____

ID# 身分證: _____

Parent or Guardian 父母或監護人姓名: _____

Phone 電話: (H 住家) _____ (M 手機) _____

In the event of an emergency, we will contact the parent first.

Please provide another contact if a parent cannot be reached.

緊急事件發生時，家長為第一優先聯絡人。請提供無法與家長取得聯繫時之緊急聯絡人。

Emergency Contact Information 緊急聯絡人: (Other than parent 家長除外)

Name 姓名: _____ Relationship 關係: _____

Phone 電話: (M 手機) _____ Hospital Preference 偏好醫院: _____

Does your child have 你的小孩有沒有--

Name of Medication, dosage, type: (i.e. tablets, powder, liquid) and Instructions for administration
使用藥物名稱、劑量、型式（例如：錠劑、粉末、液體、吸入劑等）、和使用方式：

Conditions requiring medication or other condition requiring special care:
用藥時機或其他特殊情況：

Special dietary needs 特殊飲食需求：

Restrictions on physical activities or any concerns you may have regarding your child:
體能活動限制或其他貴子弟須小心注意事項：

HEALTH HISTORY 健康紀錄**Check Yes or No, and give details for all "Yes" answers in the space below.****請勾選“是”或“否”，如勾選“是”請將詳細狀況註明於下列空白處：**

Has your child had -- 你的小孩曾患有	Yes 是	No 否	Include details for all "YES" answers: 如勾選“是”請將詳細狀況註明於下列空白處：
Genetic Disorder 基因異常			
Fainting or chest pain or shortness of breath while exercising 運動時會暈倒或胸口痛或呼吸急促			
Headaches (type) 頭痛(類型) Head Injury? 頭部受傷			
Asthma 氣喘			
Hepatitis 肝炎			
Hernia 疝氣			
High Blood Pressure 高血壓			
Operation 手術開刀			
Regular medication 定期治療用藥 (請列藥名)			
Diabetes 糖尿病			
Cardiovascular/Heart murmur 心血管/心跳雜音			
Seizures 癲癇發作			
Allergies : What substances (food, medicine, bees) 過敏:請列舉過敏物質(食品, 醫藥, 蜂) Type of reaction 反應類型			



**PARENTAL AUTHORIZATION – MUST BE SIGNED BY PARENT/ GUARDIAN
IF CAMPER IS UNDER THE AGE OF 18!**

家長授權書 -18 歲以下學員之家長或監護人請務必簽名

My child has permission to take part in all camp activities including off-site activities under supervision and I agree that the camp, or its personnel, will not be held responsible for accidents or personal injury arising there from. Sports & English Camp has permission to use photos my child may be in for camp promotional purposes. In the case of a medical emergency, I understand that every effort will be made to contact the parents or guardians of the camper. In the event I cannot be reached I hereby give permission to the medical examiner selected by the Sports & English staff to hospitalize, to secure proper treatment for, to order an injection, anesthesia, or surgery for my child as named on this form. I understand that Sports & English camp does provide basic medical insurance. I understand that Sports & English Camp is not responsible for any lost or stolen items of campers while attending this week of camp. I agree to pick up my child upon notice due to disruptive behavior and will pay for any damages caused by my child attending this week of camp.

本人准許子弟參加貴營隊所有活動，包含受監管之營外活動，且同意貴營隊或工作人員對於營隊期間之意外災害或個人運動傷害有免責權。運動英文營有權使用含本人子弟肖像之相片作為營隊宣傳用途。若有緊急醫療事件發生，我了解營隊會盡全力與家長或監護人聯繫。若無法聯繫本人時，本人在此同意由運動英文營所選定之救護人員決定本人子弟進行本表格註記之住院、確認適當療法、注射、麻醉或手術等事宜。我了解運動英文營已提供基本醫療保險。我了解運動英文營對於本週營隊活動期間之物品遺失或失竊無相關責任。若子弟因任何破壞行為而遭退營，本人同意立即接回並且賠償活動期間所破壞之物品。

PARENT/GUARDIAN SIGNATURE 家長/監護人簽名: _____

DATE 日期: _____ Phone 電話: _____

My child 本人子弟, _____, can be picked up from Sports & English Camp by the following people 可由下列人員接回:

Name 姓名: _____

Relation 關係: _____ Phone 電話: _____

Name 姓名: _____

Relation 關係: _____ Phone 電話: _____