HIYOKOE YOKOHAMA
INTERNATIONAL SCHOOL
〒241-0835横浜市旭区柏町112-6
Tel: 045-363-3356
http://hyis.org
Email: contact@hyis.org

Child's Health Record

Most recent picture of the child

3.5 cm x 4.5 cm

Name of Child _____
Last Middle Initial First

Birthday _____ Gender ○ Male ○ Female
Year/Month/Day

	YES	NO
Does the child have a Health Insurance?	○	○

If Yes, specify the Health Insurance Company _____

MEDICAL HISTORY (Elaborate as necessary)

Medical Conditions	YES	NO	REMARKS
Asthma:	☐	☐	
Seizures:	☐	☐	
Diabetes:	☐	☐	
Immune Deficiency:	☐	☐	
Ear Infection:	☐	☐	
Congenital Abnormalities:	☐	☐	
Emotional or Behavoral Concerns:	☐	☐	

			YEAR	TYPE
Serious Injuries/Accidents:	☐	☐		
Major Surgery/Operations:	☐	☐		

Ensuant Restriction (if any) : _____

Known Allergies (specify) — Reaction

Drug: ☐ _____

Food: ☐ _____

Other: ☐ _____

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Yokohama 241-0835
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	YES	NO	REMARKS
Medical procedures or physical assistance required during day:	☐	☐	_____
Is your child currently under medication for any illness or condition?	☐	☐	
If yes, what is the medication?			_____

I understand that if my child does not feel well at school or becomes ill, I will be contacted to come and pick him/her up as soon as possible. I also hereby give permission to **Hitokoe Yokohama International School** to take my child to a hospital or clinic if in the judgment of the school immediate or emergency care may be needed. Finally, I agree to take my child to a physician and/or to a professional counsellor for full evaluation if the school suspects physical, learning or emotional difficulties.

The above form has been completed accurately to the best of our knowledge.

Signature of Parent(s) completing this form: _____ Date: _____

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