

**CHINA TRIP HEALTH FORM 2019**

Please complete and return by **March 20th.** Please attach a copy of both sides of the student's insurance card; and a signed medication authorization form for any medications. Please also include a credit card number on this form to be used for emergency purposes only. Please inform your credit card company that the card may be used during foreign travel between June 20- July 3, 2019.

CONTACT INFORMATION Student's Name: _____ Birth Date: _____

Guardian #1 Name _____	Guardian #2 Name _____
E-mail: _____	E-mail: _____
Preferred phone number: _____	Preferred phone number: _____
Alternate number(s): _____	Alternate number(s): _____
Skype name: _____	Skype name: _____

Emergency Contacts

In case of emergency, Yinghua Academy China Trip staff will make every attempt to contact parents/guardians. In the case that a parent/guardian cannot be reached, please provide contact information for other people with whom staff can consult.

Emergency contact #1: _____	Relationship: _____
Preferred phone number: _____	Alternate number(s): _____

Emergency contact #2: _____	Relationship: _____
Preferred phone number: _____	Alternate number(s): _____

HEALTH CARE INFORMATION

Parents/guardians are financially responsible for healthcare including medications and treatment for pre-existing conditions, as well as any illnesses which arise during the trip.

Health Care Provider: _____ **Phone:** _____

Medical Insurance

Please copy both sides of the card and attach copies to this application.

Medical Insurance Company _____
Name of Policy Holder _____
Group Number _____ Policy Number _____

Credit Card Information for Emergency Situations and Medical Expenses

Type of Card: _____	Name on Card: _____
Credit card number: _____	Exp date: _____ Security Code: _____

IMMUNIZATION HISTORY

All Immunizations are up to date (circle one): YES NO Month/Year of Last Tetanus _____

If your student has not been immunized against certain vaccines, please explain below. The school nurse will contact you to discuss possible risks of traveling abroad: _____

ALLERGIES

My child has the following allergies: _____

Type of Reaction (i.e. hives, nausea): _____

- Could cause anaphylaxis (circle one)? YES NO If yes, please attach medication and emergency plan information.

NUTRITION

Our intention is to make a variety of "kid friendly," culturally interesting foods available. We cannot always cater to individual food preferences. This student cannot eat the following foods: _____

Explain: _____

GENERAL HEALTH

This student has the following health conditions that could result in an emergency or impact his/her trip:

MEDICATIONS

The following is a list of non-prescription medications purchases in the USA that may be used by staff to treat common illnesses: Tylenol, Benadryl, triple antibiotic cream, cold medicine, ibuprofen, hydrocortisone cream, anti-diarrheal medication, cough syrup, along with other possible common OTC medications.

- My child may receive the above listed medications to treat common illnesses (Please circle): YES NO
- **Please cross out any medications in the above list that should not be given to your child.**

Please Check:

- ☐ My student **will not** take any daily medications brought from home while on this trip.
- ☐ My student **will** take medication(s) brought from home while attending the trip and he/she will bring enough of each medication to last the entire trip. List all medications below, or provide on a separate piece of paper:
Medication names/dosage and instructions:

- _____
- _____
- _____
- _____

Please Note: ALL medications will be dispensed by a Yinghua staff member. Medications must be provided in the medicine's original container (small bottles, please) and sealed in a Ziploc bag labeled with the student's name. Prescription medication must be ordered in student's name, come in a container labeled by the pharmacy, and include dosage instructions. **For prescription medications, you must also submit a completed YA Medication Authorization Form signed by a doctor** (available on the Health Services webpage on the school website). If the school already has the form on file, you do not need to fill out a new one.

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE:

- This health history is correct and accurately reflects the health status of the student to which it pertains. The person described has permission to participate in all travel activities.
- I give permission to a physician selected by Yinghua staff to order x-rays, routine test and treatment related to the health of my child in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for this child.
- I understand the information on this form will be shared on a "need to know" basis. I give permission to photocopy this form.
- In addition, Yinghua staff has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the staff about my child's health status while on this trip.
- Furthermore, we authorize Luyi Lien (and accompanying Yinghua Academy staff) to make all decisions relating to the medical treatment of any injury or illness suffered by our child during travel until we are contacted and able to communicate medical decisions to the appropriate party.
- I give permission to Yinghua Academy staff to administer any medications listed above to my child as needed. I release school personnel from any liability in relation to the administration of this medication.

Parent name: _____ Parent/guardian signature: _____ Date: _____