



Yokohama International School
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Health History, Emergency Contact & Medical Authorization

Health History

Applicant's Name: _____
(last) (first) (middle)

Grade: _____ Date of Birth: _____

Is the applicant currently being treated for a medical condition? No Yes (Please explain) _____

Does the applicant have any allergies? No Yes (Please explain) _____

Does the applicant take any medication on a regular basis? No Yes (Please explain) _____

Has the applicant ever had a serious injury, illness and/or surgery? No Yes (Please explain) _____

Has the applicant ever had any of the following illnesses or conditions? (Check any that apply)

Illness/Condition	Age	Illness/Condition	Age
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Kawasaki Disease	
<input type="checkbox"/> Measles		<input type="checkbox"/> Kidney disease	
<input type="checkbox"/> Mumps		<input type="checkbox"/> Heart disease	
<input type="checkbox"/> Rubella (German Measles)		<input type="checkbox"/> Asthma	
<input type="checkbox"/> Hepatitis (A or B)		<input type="checkbox"/> Diabetes (Type I or II)	
<input type="checkbox"/> TB		<input type="checkbox"/> Fracture/dislocation	
<input type="checkbox"/> Epilepsy		<input type="checkbox"/> ADD/ADHD	
<input type="checkbox"/> Febrile seizure		<input type="checkbox"/> Frequent ear infection	
<input type="checkbox"/> Meningitis		<input type="checkbox"/> Other _____	

Emergency Contact Information

Father/Guardian

Mother/Guardian

Name: _____

Name: _____

Home telephone: _____

Home telephone: _____

Mobile telephone: _____

Mobile telephone: _____

Work telephone: _____

Work telephone: _____

Certification and Authorization for Emergency Treatment

I certify that the information provided above is to the best of my knowledge true and complete and that I will inform the school if there is any material change in the applicant's health status prior to enrollment.

I understand that in the event of a medical emergency involving my child named above, the school will make every effort to contact me and/or my spouse as quickly as possible through the emergency contact numbers listed above. However, if urgent medical attention is required before contact can be made, I authorize the school to take appropriate medical measures, including, if deemed necessary, seeking attention from the nearest medical facility.

Name of Parent or Guardian: _____

Signature: _____

Date: _____