

## The Jerusalem American International School in Israel Student Health Information Form / School Year 200\_\_\_ - 200\_\_\_

Student: \_\_\_\_\_  
Family Name
First Name

Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  New Student  Returning Student

Family Health Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check Yes or No as it pertains to your child:

Yes	No		Yes	No	
		Heart Condition / Heart Murmur			Insect Allergy
		Asthma			Medication Allergy
		Diabetes			Depression
		Cancer			ADD / ADHD (circle one)
		Seizures / Convulsions			Hearing Problems
		Kidney Disease / Kidney Injury			Vision Problems
		Surgery			Chicken Pox
		Bone Fractures			Measles
		Food Allergy			Mumps
		Environmental Allergy (plants, animals)			Rheumatic Fever

Food allergies: list foods \_\_\_\_\_ type of reaction \_\_\_\_\_

Insect allergies: list insects \_\_\_\_\_ type of reaction \_\_\_\_\_

Environmental allergies: list items \_\_\_\_\_ type of reaction \_\_\_\_\_

Medication allergies: list medications \_\_\_\_\_ type of reaction \_\_\_\_\_

Please explain any other Yes answers from above: \_\_\_\_\_  
 \_\_\_\_\_

List any medications that your child takes for conditions checked above (or other reason):

Medication _____	When taken? _____
Medication _____	When taken? _____
Medication _____	When taken? _____

Does any condition affect or limit your child's full participation in physical education classes, sports, or school trips?  
 Yes  No

Please explain if Yes: \_\_\_\_\_

**Note: The school cannot be held accountable for injuries during physical education classes arising from accidents that occur through no fault or negligence on the part of the school. The school does not carry medical insurance or insurance for medical and other costs arising from such accidental injuries.**

PERMISSION FOR GIVING SYMPTOMATIC RELIEF

I give permission for my child to be given Tylenol\_\_, Paracetamol\_\_, Ibuprofen\_\_, Antacids\_\_, at the nurse's discretion.  
 Yes  No  (Please notify parent before giving any medication Yes  No )

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

PERMISSION FOR EMERGENCY TREATMENT

In the event that I cannot be reached in an emergency, I give permission for my child to receive medical treatment, including transport to the most accessible hospital, as deemed necessary by school authorities.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMMUNIZATIONS**

**A copy of the student's official immunization record (including annual updates) is required (and must be translated to English if applicable). All students enrolled at JAIS must be immunized according to the recommended schedules of the United States and Israel (see USA schedule on back - Israeli schedule is comparable).** (All health information is strictly confidential and given only to essential personnel)

## Recommended Childhood and Adolescent Immunization Schedule -- United States, 2003

Vaccine	Age	range of recommended ages				catch-up vaccination				preadolescent assessment		
		Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	11-12 yrs
Hepatitis B <sup>1</sup>		HepB #1	HepB #2		HepB #3				HepB series			
Diphtheria, Tetanus, Pertussis <sup>2</sup>			DTaP	DTaP	DTaP		DTaP			DTaP		Td
<i>Haemophilus influenzae</i> Type b <sup>3</sup>			Hib	Hib	Hib	Hib						
Inactivated Polio			IPV	IPV	IPV					IPV		
Measles, Mumps, Rubella <sup>4</sup>						MMR #1				MMR #2	MMR #2	
Varicella <sup>5</sup>						Varicella			Varicella			
Pneumococcal <sup>6</sup>			PCV	PCV	PCV	PCV			PCV		PPV	
----- Vaccines below this line are for selected populations -----												
Hepatitis A <sup>7</sup>									Hepatitis A series			
Influenza <sup>8</sup>					Influenza (yearly)							

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2002, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible.   Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.