



Oxford Guardians – Registration and Medical Form

牛津监护人-登记表和体检表

We need you to inform us of any medical or dietary requirements to ensure the welfare and safety of your child. Essential information will be passed to your child's host family and school.

Please continue your answers overleaf if necessary

我们需要您告诉我们任何医疗或饮食要求，以确保孩子的福利和安全。重要信息将被传递到孩子的寄宿家庭和学校。如果必要请写背页。

Child's Family Name: 孩子的姓 :

Date of birth: 出生日期 :

Child's First Name(s): 孩子的名字 :

Place of birth: 出生地点 :

Country of birth: 出生国籍 :

Religion: 宗教 :

Home address: 家庭住址 :

Parent contact details 家长联系方式 :

Telephone number (day time): 电话号码 (日间) :

Telephone number (evening/night time): 电话号码 (晚上/夜间) :

Mobile telephone: 移动电话 :

Fax: 传真 :

Email: 电子邮箱 :

1. Does your child have any allergies (food, pollens, hay fever, animals, etc)? 您的孩子有无任何过敏 (食物, 花粉, 花粉热, 动物等) ? Please give details: 请提供详细资料:
2. Are there any special dietary requirements? 是否有任何特殊的饮食要求? Please give details: 请提供详细资料:
3. Does your child suffer from asthma or diabetes? 请问您的孩子有无患有哮喘或糖尿病?

4. **Is your child taking any prescribed or other regular medication? 您的孩子服用任何处方或其他常规药物治疗吗？** Please give details of any current medication and dosage: 请提供详情和目前使用的药物。

5. **Does your child suffer from travel sickness? 您的孩子是否有晕车症？**

6. **Is there a history of epilepsy, fits or blackouts? 是否有癫痫，痉挛病？**

7. **Are your child's teeth in good order? 您的孩子有较好的牙齿吗？**

8. **Does your child have any problems with eyesight? 您的孩子视力有问题吗？**
Please give details: 请提供详细资料：

9. **Does your child have mobility or hearing difficulties? 您的孩子有无移动或听力困难？**
Please give details: 请提供详细资料：

10. **Mental ill health 心理健康情况** Please give details: 请提供详细资料：

11. **Has your child had any of the following diseases? Please check with your doctor if unsure 您的孩子有无以下任何疾病？. 如果不能确定。请与您的医生联系，**

Yes 是

No 否

Date 日期

Chicken pox 水痘

Measles 麻疹

German measles 德国麻疹

Mumps 流行性腮腺炎

Whooping cough 百日咳

Tuberculosis 肺结核

Any other diseases 任何其他疾病

please give details: 请提供详细资料：

12. Has your child been immunized (vaccinated) against the following? 您的孩子有无种以下 疫苗 ?

	Yes 是	No 否	Date 日期
Diphtheria 白喉			
Tetanus 破伤风			
Poliomyelitis 脊髓灰质炎			
Whooping cough 百日咳			
Meningitis C C 型脑膜炎			
Rubella 风疹			
BCG 肺结核			
Measles 麻疹			
MMR (Measles/Mumps/Rubella) 麻疹/流行性腮腺炎/风疹			

13. Is your child currently attending a hospital or clinic? 您的孩子目前有无登记的医院或诊所 ?

Please give details: 请提供详细资料 :

14. Are there any other medical conditions (past or present) that Oxford Guardians should know about? 是
否有任何其他的医疗条件 (过去或现在的) , 牛津监护人应该知道的 ?

Please give details: 请提供详细资料 :

We appoint Oxford Guardians to act on our behalf in cases of emergency and if we cannot be contacted. 我们委
任牛津监护人在紧急情况下联系我们。

Signature of Parent: 家长签名 :

Date: 日期 :

Full name (in capital letters): 姓名 :

Signature of Parent: 家长签名 :

Date: 日期 :

Full name (in capital letters): 姓名 :

Your child's/student's profile 您孩子的/个人档案

Please describe your character: 请描述你的性格：

Do you have any brothers or sisters? 你有兄弟姐妹吗？

What type of home do you live in? 你住在 什么类型的家？

What is your favourite food? 什么是你最喜欢的食物？

Are there any foods that you don't enjoy? 你是否有任何食物不喜欢？ (Please state any food allergies on the Medical Form) (请注明任何食物过敏症)

What is your faith, spirituality or religious belief? 什么是你的信仰，精神或宗教信仰？

What are your hobbies and interests? 你有什么爱好和兴趣？

Do you play any sport? 你做什么运动？

Can you swim 50 meters? 你能游 50 米泳吗？

Can you ride a bicycle? 你会骑自行车吗？

Do you like animals? Do you have any pets yourself? (Please state any allergies in the Medical Form) 你喜欢动物吗？你有宠物吗？ (请注明任何过敏症)

Have you lived away from home before? If yes, did where you live and when? 你离开过家住吗？如果是，在什么时候住过什么地方？

(**Cont.** Your child's/student's profile) (继续你的孩子/学生的个人资料)

Have you been to UK before? If yes, when? 你去过英国吗? 如果是的话, 是在什么时候?

Please tell us about yourself and your family and life at home:

请告诉我们你的一些情况和你和家人在一起的生活情况:

Please attach a photo of you with your family below: 请附上你和你家人的照片:

Airport transfer details: 机场接送详情 :

Please indicate if airport transfer is required? 请说明是否需要机场接送? Yes 是 No 否

From: 来自 :

To: 到达地点 :

Arrival date: 到达日期 :

Flight details/times: 航班/时间 :

Flight number(s): 航班号码 :

Payment of Fees 支付费用

Registration Fee (non-refundable) 报名费 (不退还)

Airport transfer 机场接送

Guardianship Fee 监护费

Initial Deposit for your Child's expenses in the UK 您的孩子在英国初始的费用

Additional services 附加服务

Total due 总数:

£ GBP 英镑

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Payment 付款

Full fees need to be paid for short term guardianship 4 weeks in advance of student's arrival in the UK, ie payments should be made no later than 4 weeks before departure. Please send the payment to the bank of Oxford Guardians Ltd. – please see below for bank details. Bank transfers take 2-4 weeks to arrive in the UK, please remember that we must receive payment 4 weeks before the date of arrival. Please ensure that the student's full name is shown clearly on the bank transfer. Please fax or email a copy of the bank transfer to Oxford Guardians together with our Registration Form and give the student the copy of the transfer.

全部费用需要在学生抵达前 4 周支付。付款应不迟于学生抵达前 4 周支付。请支付牛津监护人有限公司-请参阅下面详细说明。英国 银行转帐需要 2-4 周的时间，请记住，我们必须在学生来之前的 4 个星期收到付款。请确保学生的全名清楚的显示在上面。请传真或电子邮件我们转账的副本。

Account name: 帐户名称 :	Oxford Guardians Limited 牛津监护人有限公司
Bank Name: 银行名称:	National Westminster Bank :
Bank Address: 银行地址 :	Northampton, the Drapery Branch 41 The Drapery Northampton NN1 2EY UK
Account Number: 银行帐号 :	35361921
Sort Code: 分行号码:	560060
IBAN: 电汇代码:	G B 1 0 N W B K 5 6 0 0 6 0 3 5 3 6 1 9 2 1
BIC:	N W B K G B 2 L

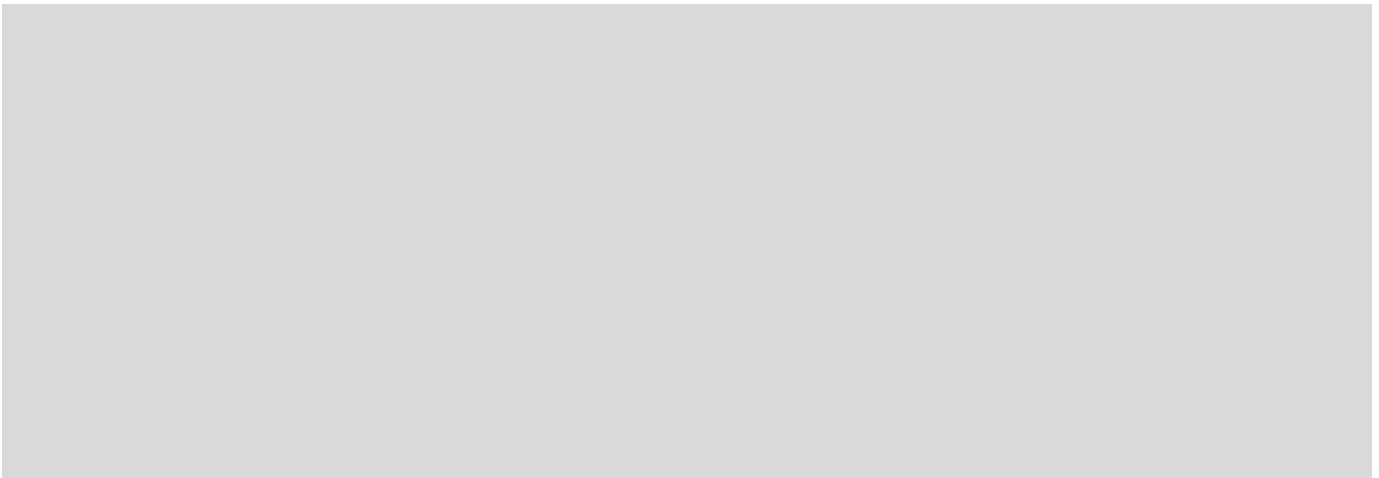
Parental requirements 父母的要求

Do you wish to specify bedtimes or impose other particular requirements (for example time allowed to spend on internet games) on your child during their stay with the Host Family? 您想有指定的就寝时间或对孩子寄宿家庭对网络游戏等其他特殊时间要求吗? Please give details below: 请对以下详细说明:



Is your child allowed to occasionally stay overnight with school friends? 您的孩子可以偶尔在朋友家中借宿吗?

Details: 详细说明:



Parents' consent 父母同意的事项 (please indicate 'yes' or 'no') (请注明'是'或'否')

Yes 是 **No 否**

Do you consent to your child swimming under adult supervision?

您的孩子是否要在成人监督下游泳？

Do you consent to your child taking part in water sports and fairground rides under adult supervision?

您是否同意您的孩子在成人的监督下参与水上运动和其它游乐设施？

Do you consent your child travelling by any form of public transport and/or in motor vehicle driven by a responsible adult who is duly licensed and insured to drive a vehicle of that type

您是否同意您的孩子乘搭/任何形式的公共交通工具 和座在负责任的成年人汽车？

Do you consent to your child following reasonable guardianship and host family rules? (These rules will be issued to you.)

您是否同意您的孩子对以下合理的监护和寄宿家庭的规则？

这些规则将会发给您。

Do you consent to the administration of medication such as paracetamol, cough mixture, eye drops etc normally sold over the counter by a chemist for treatment of minor ailments (always taking into account medical information you have supplied to us of your child) ?

您是否同意对孩子的治疗，如咳嗽，感冒，用眼药水等要求？或在医护人员的监督下治疗其他小病的要求？

If you cannot be contacted, do you consent to all emergency medical or dental treatment including inoculations, general or local anaesthetic, surgery or blood transfusions which, in the opinion of a qualified doctor, are necessary for your child's safety and well-being, under the National Health Service or privately if necessary ?

如果无法联系到您，您同意所有紧急医疗或牙病的治疗吗？治疗包括种疫苗，全部或局部麻醉，手术或输血在医生的监督下。如果在必要的情况下可以用私人医生吗？

We, the parents, of the child named on the first page of this form, have read and hereby accept the Terms and Conditions of Oxford Guardians Limited.

做为孩子的父母，我们现已经阅读并接受以上条款和限制的条件。

We appoint Oxford Guardians to provide education guardianship services.

我们委任牛津监护人提供监护和教育服务。

We authorise Oxford Guardians to delegate such parental powers and duties to the School and the Host Family in such a manner and to such an extent as it thinks fit.

我们授权委托牛津监护人有父母的权力和义务等向对学校和寄宿家庭负责。

We accept that no liability shall accrue to either Oxford Guardians Limited or the Host Family in respect of any medical decision made in good faith.

我们同意任何事故发生牛津监护人有限公司和寄宿家庭不负责任。

Please indicate here the telephone number(s) you can be contacted in case of an emergency:

请留您可以在紧急情况下联系的电话号码

Signed 签名: _____ (Parent 家长) Date 日期: _____

Full name (IN CAPITAL LETTERS) 姓名:

Signed 签名: _____ (Parent 家长) Date 日期: _____

Full name (IN CAPITAL LETTERS) 姓名: