

# Enrollment Contract

Student: **Colin**

↓ Click the Save button at bottom of the page to complete this step.

## Alternative Contacts

For Siyi Yuan, Grade: 7

List two relatives/friends/neighbors who will assume temporary care of your child if you cannot be reached.

Name:	<input type="text" value="Lina Chen"/>	Phone:	<input type="text" value="6268085952"/>
Name:	<input type="text" value="Li Yang"/>	Phone:	<input type="text" value="6263907549"/>

## Special Emergency Information

AFTER A MAJOR EARTHQUAKE OR SIMILAR CATASTROPHE, HARVARD-WESTLAKE WILL KEEP ALL STUDENTS ON CAMPUS UNTIL THEY CAN BE PICKED UP BY THEIR PARENTS OR AN ADULT AUTHORIZED BY THE FAMILY. NO STUDENT WILL BE ALLOWED TO DRIVE OR WALK HOME.

☒ Yes ☐ No In the event of a natural disaster, my child may be released to any Harvard-Westlake parent.

If you marked NO, please indicate below to which adults, if any, Siyi Yuan may be released in the event of a natural disaster. Please consider listing someone who lives outside the immediate area.

I authorize Harvard-Westlake to release Siyi Yuan to either parent or to one of these adults:

Name:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>

## Health/Medical Information

Physician:	<input type="text" value="Yeh Sheyren M.D"/>	Phone:	<input type="text" value="6265741189"/>
Address:	<input type="text" value="638 W Duarte Road, Ste 8"/>	City,State,Zip:	<input type="text" value="Arcadia,CA, 91007"/>
Dentist:	<input type="text" value="NO PARTICULAR DENTIST"/>	Phone:	<input type="text" value="(626) 445-1181"/>
Address:	<input type="text" value="111 Live Oak Ave"/>	City,State,Zip:	<input type="text" value="Arcadia, CA 91006"/>

THE SCHOOL REQUIRES ALL STUDENTS TO CARRY MEDICAL INSURANCE:

Insurance Company:	<input type="text" value="Blue Shield of California"/>	ID Number:	<input type="text" value="XEK902622334"/>
Insurance Plan:	<input type="text" value="PPO/POS"/>	Phone Number:	<input type="text" value="6267017367"/>

## Health and Medical Information Questions

Is your child planning to play sports at Harvard-Westlake School?

☐ No



Yes

Please list sport(s):

**Note: Harvard-Westlake and CIF strongly recommend that student-athletes use the CIF pre-participation physical form to take to their physician and discuss any relevant medical issues. This is an additional form, for you and your doctor, and does not replace the HW Health and Medical Information/Physician Release form.**[CLICK HERE](#) for the form.

**GENERAL:**

Has your child had a medical illness or injury since his/her last physical?



No



Yes

**Does your child have any of the following on-going or chronic illnesses?**

a. Asthma



No



Yes

b. Diabetes



No



Yes

c. Anemia



No



Yes

d. Sickle Cell



No



Yes

e. Other



No



Yes

Has a doctor told your child (or someone in your family) that he/she has sickle cell trait or disease?



No



Yes

**Does your child have any of the following allergies?**

a. Medications



No



Yes

b. Foods



No



Yes

c. Stings/Bites



No



Yes

d. Pollens/Seasonal Allergies



No



Yes

e. Other



No



Yes

Has your child taken any supplements or vitamins to help lose weight, gain weight, grow?



No



Yes

**Is your child missing any of the following:**

a. Kidney	<input checked="" type="radio"/> No <input type="radio"/> Yes
b. Eye	<input checked="" type="radio"/> No <input type="radio"/> Yes
c. Testicle (undescended)	<input checked="" type="radio"/> No <input type="radio"/> Yes
e. Other	<input checked="" type="radio"/> No <input type="radio"/> Yes
Does your child cough or wheeze during or after physical activity?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Has your child rapidly gained or lost a significant amount of weight over a short period of time?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Does your child limit or carefully control what he/she eats or have a special diet?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Has your child had or currently have problems with his/her eyes or vision?	<input type="radio"/> No <input checked="" type="radio"/> Yes
Please explain:	
<div>He have myopia and the prescription is 1.5</div>	
Has your child ever been hospitalized overnight?	<input type="radio"/> No <input checked="" type="radio"/> Yes
Please explain:	
<div>Colin once had pneumonia when he was 8 which he was hospitalized.</div>	
Has your child ever had surgery?	<input checked="" type="radio"/> No <input type="radio"/> Yes

**ORTHOPEDIC:**

Has your child ever had a sprain, strain, or tear of any muscles or ligaments?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Has your child ever had a broken bone, stress fractures, or dislocated any joint?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Do any of your child's joints become painful and/or swollen joints or ever been told your child has juvenile arthritis or connective tissue disease?	<input checked="" type="radio"/> No <input type="radio"/> Yes

**CARDIAC:**

Has your child ever passed out, had a seizure, near drowning or had pain/pressure in his/her chest during or after exercise, had a racing heart, skipped heartbeats, been told he/she has a heart murmur, high cholesterol or high blood pressure?	<input checked="" type="radio"/> No <input type="radio"/> Yes
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Has your child ever had tests for his/her heart (ECG/EKG, Echocardiogram, Stress Test)?

☒ No  
☐ Yes

Has any family member or relative died of a heart problem before the age of 50 or suddenly die (including drowning, or SIDS) or have a heart problem, unexplained fainting, seizures, near drowning, a pacemaker or implanted defibrillator?

☒ No  
☐ Yes

**Does your child or anyone in your family have any of the following?**

a. Hypertrophic Cardiomyopathy

☒ No  
☐ Yes

b. Marfan Syndrome

☒ No  
☐ Yes

c. Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD)

☒ No  
☐ Yes

d. Long QT Syndrome

☒ No  
☐ Yes

e. Short QT Syndrome

☒ No  
☐ Yes

f. Brugada Syndrome

☒ No  
☐ Yes

g. Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)

☒ No  
☐ Yes

h. Other Heart Condition

☒ No  
☐ Yes

Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?

☒ No  
☐ Yes

Has anyone in your family had unexplained fainting, seizures, or near drowning?

☒ No  
☐ Yes

Has your child had a severe viral infection (myocarditis, mononucleosis)?

☒ No  
☐ Yes

**NEUROLOGICAL:**

**Has your child ever had:**

a. Head injury

☒ No  
☐ Yes

b. Concussion

☒ No  
☐ Yes

c. Frequent, severe headache, or prolonged headache

☒ No

☐ Yes

d. Migraine

☒ No  
☐ Yes

e. Memory loss

☒ No  
☐ Yes

f. Seizure

☒ No  
☐ Yes**MEDICATIONS:**

Tylenol/Acetaminophen may be administered in the event of elevated temperature, simple headache, muscle ache, cold/flu, pain, and/or menstrual cramps at the School's discretion.

☐ No  
☒ Yes

Advil/Ibuprofen may be administered in the event of elevated temperature, simple headache, muscle ache, cold/flu, pain, and/or menstrual cramps at the School's discretion.

☐ No  
☒ Yes

Over-the-counter/prescription medication required by student on a regular basis

☒ No  
☐ Yes

**Please note: Students who need assistance with medication during the school day must fill out and return to the appropriate school office the Authorization to Administer Medication Form along with the medication in their original labeled containers.**

**MISCELLANEOUS:**

Does your child have any developmental/emotional problems (ADHD, anxiety, depression)?

☒ No  
☐ Yes

Does your child have any concerns you would like to discuss with someone (psychological, social, academic or family issues)?

☒ No  
☐ Yes

Please tell us of any other medical issues that have not been mentioned:

Colin once had pneumonia when he was 8 which he was hospitalized.

Prior Physician's abnormal medical findings mentioned in the past:

N/A

**Please understand the importance of honest and accurate disclosure. Incomplete or misrepresented information may impact your child's well-being.**

**I have reviewed this form and the information is accurate and up-to-date.**

Save