

緊急聯絡卡 (請用英文清楚填寫)

200\_\_至 200\_\_學年

EMERGENCY CONTACT CARD (Print information)

SCHOOL YEAR 200\_\_ to 200\_\_

學生: 姓 \_\_\_\_\_ 名 \_\_\_\_\_ 中名 \_\_\_\_\_ 出生日期 \_\_\_\_\_ 性別 \_\_\_\_\_ 身分證號碼 \_\_\_\_\_
Student: Last Name First MI DOB Sex ID#

家長/監護人 (學生與該人士同住): \_\_\_\_\_ 關係 \_\_\_\_\_

Parent/Guardian (Student resides with) Relationship

家長喜歡用以下語言溝通: \_\_\_\_\_ 書面 \_\_\_\_\_ 口頭 \_\_\_\_\_

Parent's Preferred Language of Communication: Written Oral

家庭電話 ( ) \_\_\_\_\_ 工作電話 ( ) \_\_\_\_\_ 手提電話號碼 ( ) \_\_\_\_\_ 電郵地址 \_\_\_\_\_

Home Telephone Work Telephone Cell No. E-mail

地址 \_\_\_\_\_ 公寓 \_\_\_\_\_ 行政區 \_\_\_\_\_ 郵遞區號 \_\_\_\_\_

Address Apt. Borough ZIP

其他家長/監護人: \_\_\_\_\_ 關係 \_\_\_\_\_

Other Parent/Guardian: Relationship

家長喜歡用以下語言溝通: \_\_\_\_\_ 書面 \_\_\_\_\_ 口頭 \_\_\_\_\_

Parent's Preferred Language of Communication: Written Oral

家庭電話 ( ) \_\_\_\_\_ 工作電話 ( ) \_\_\_\_\_ 手提電話號碼 ( ) \_\_\_\_\_ 電郵地址 \_\_\_\_\_

Home Telephone Work Telephone Cell No. E-mail

地址 \_\_\_\_\_ 公寓 \_\_\_\_\_ 行政區 \_\_\_\_\_ 郵遞區號 \_\_\_\_\_

Address Apt. Borough ZIP

請在下方列出緊急情況下或學生在校生病時可以聯絡的三 (3) 個人的姓名。

List below names of three (3) persons who may be called in case of emergency or if child is sick in school.

學生將只交給本聯絡卡上列出的人士。

CHILD WILL BE RELEASED ONLY TO PERSONS NAMED ON THIS CARD.

姓名 \_\_\_\_\_ 電話 ( ) \_\_\_\_\_ 關係 \_\_\_\_\_

Name Telephone Relationship

姓名 \_\_\_\_\_ 電話 ( ) \_\_\_\_\_ 關係 \_\_\_\_\_

Name Telephone Relationship

姓名 \_\_\_\_\_ 電話 ( ) \_\_\_\_\_ 關係 \_\_\_\_\_

Name Telephone Relationship

如果不准某人接觸學生, 請說明: \_\_\_\_\_

If there is a person who may NOT HAVE ACCESS to child, please indicate: \_\_\_\_\_

姓名 \_\_\_\_\_ 關係 \_\_\_\_\_ 是否有保護令? \_\_\_\_\_ 是 \_\_\_\_\_ 否 \_\_\_\_\_

Name Relationship Order of Protection Exists? Yes No

本聯絡卡上的資訊如果變更, 應書面通知校長 \_\_\_\_\_

Principal will be notified in writing of any changes to information on this card \_\_\_\_\_

家長/監護人簽名 Signature of Parent/Guardian \_\_\_\_\_

年級 \_\_\_\_\_ 班級 \_\_\_\_\_ 教室號碼 \_\_\_\_\_ 教師 \_\_\_\_\_

Grade Class Room No. Teacher

健康資訊/ HEALTH INFORMATION

醫生姓名/診所名稱: \_\_\_\_\_ 電話 ( ) \_\_\_\_\_

Name of Physician/Clinic: Telephone

要注意的健康問題/ Health Alert

學生是否有一些可能影響其參加體育活動的健康問題? \_\_\_\_\_ 是 \_\_\_\_\_ 否 \_\_\_\_\_

Does child have any health condition that may affect participation in physical activities? Yes No

限制 \_\_\_\_\_ (例如爬樓梯、到體育館上課)

Limitations (e.g., stair climbing, participation in gym)

過敏/ Allergies \_\_\_\_\_

今年是否享有504服務? \_\_\_\_\_ 是 \_\_\_\_\_ 否 \_\_\_\_\_ 去年? \_\_\_\_\_ 是 \_\_\_\_\_ 否 \_\_\_\_\_

504 services for the current year? Yes No Previous Year? Yes No

我的孩子 (在適用項上劃X): \_\_\_\_\_ 有私人醫療保險 \_\_\_\_\_ 有醫療補助計劃 \_\_\_\_\_ 沒有醫療保險 \_\_\_\_\_

My child has (X any that apply) Private health insurance Medicaid No health insurance

如果選擇「沒有醫療保險」, 您是否願意將本聯絡卡上的聯絡資訊與其他人分享以了解各種保險選項嗎? \_\_\_\_\_ 是 \_\_\_\_\_ 否 \_\_\_\_\_

If "No Health Insurance," are you willing to share contact information from this card to learn about insurance options? Yes No

當您的孩子生病或受傷時, 如果無法聯絡到所列聯絡人, 您希望學校如何處理? \_\_\_\_\_

If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured? \_\_\_\_\_

大家也知道, 在最終處理緊急情況時, 校方的判斷將起決定作用。

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail.

學校將儘可能尊重家長在上面列出的建議。

The recommendation of the parent as indicated above will be respected as far as possible.

兄弟姐妹/ Siblings: 姓/ Last Name \_\_\_\_\_ 名/ First Name \_\_\_\_\_ 所在學校/ School of Attendance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

學校填寫/ FOR SCHOOL USE \_\_\_\_\_

List below contacts made for emergency, illness or injury. Relevant records from Health Record \_\_\_\_\_

Date \_\_\_\_\_ Contact \_\_\_\_\_ Reason \_\_\_\_\_ Disposition \_\_\_\_\_

/ / \_\_\_\_\_

/ / \_\_\_\_\_

/ / \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_