

KAT ENFOMASYON SOU MOUN POU KONTAKTE LÈ GEN IJANS (Enprime enfòmasyon yo nan lang Angle)
EMERGENCY CONTACT CARD (Print information)

ANE AKADEMIK 200__ jiska 200__
SCHOOL YEAR 200__ to 200__

Elèv : Siyati _____ Non _____ Dezyèm Non _____ Dat Nesans _____ Sèks _____ Kat didantite _____
Student: Last Name First MI DOB Sex ID#

Paran oswa gadyen legal (avèk kiyès elèv la ap viv) : _____ Kisa li ye pou li _____
Parent/Guardian (Student resides with) Relationship

Lang paran an pi pito yo itilize lè y ap pale avèk li oswa lè y ap ekri l : _____ Pou ekri l _____ Pou pale avèk li _____
Parent's Preferred Language of Communication: Written Oral

Telefòn kay (_____) Telefòn travay (_____) Telefòn selilè (_____) Imèl _____
Home Telephone Work Telephone Cell No. E-mail

Adrès _____ Apatman _____ Awondisman _____ Kòd postal _____
Address Apt. Borough ZIP

Lòt paran oswa gadyen legal : _____ Kisa li ye pou li _____
Other Parent/Guardian: Relationship

Lang paran an pi pito yo itilize lè y ap pale avèk li oswa lè y ap ekri l : _____ Pou ekri l _____ Pou pale avèk li _____
Parent's Preferred Language of Communication: Written Oral

Telefòn kay (_____) Telefòn travay (_____) Telefòn selilè (_____) Imèl _____
Home Telephone Work Telephone Cell No. E-mail

Adrès _____ Apatman _____ Awondisman _____ Kòd postal _____
Address Apt. Borough ZIP

Ekri non twa (3) moun pi ba paj la, ke yo ka rele si ta gen yon ijans oswa si timoun lan ta malad nan lekòl la.

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

N AP PÈMÈT SÈLMAN MOUN KI GEN NON KI EKRI SOU KAT SA A VIN CHÈCHE TIMOUN LAN.

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

Non _____	Telefòn (_____)	Kisa li ye pou timoun lan _____
Non _____	Telefòn (_____)	Kisa li ye pou timoun lan _____
Non _____	Telefòn (_____)	Kisa li ye pou timoun lan _____
Name _____	Telephone _____	Relationship _____

Si gen yon moun ki **pa gen dwa pran kontak avèk** timoun lan, tanpri endike :

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

Non _____ Kisa li ye pou li _____ Èske tribinal bay yon dokiman pou rekòmande pwoteksyon l? Wi / Yes _____ Non / No _____
Name Relationship Order of Protection Exists?

W ap voye ba Direktè a yon avi alekri si ta gen okenn chanjman ki pou fèt nan enfòmasyon ki sou kat sa a _____
Principal will be notified in writing of any changes to information on this card **Siyati paran oswa gadyen legal / Signature of Parent/Guardian**

Klas _____ Kou _____ Nimewo saldeklas _____ Pwofesè _____
Grade Class Room No. Teacher

ENFOMASYON SOU SANTE TIMOUN LAN / HEALTH INFORMATION

Non doktè a oswa klinik la : _____ Telefòn (_____) _____
Name of Physician/Clinic: Telephone

Alèt medikal / Health Alert

Èske timoun lan gen yon maladi kèlkonk ki ka afekte patisipasyon l nan aktivite fizik? Wi / Yes _____ Non / No _____

Does child have any health condition that may affect participation in physical activities?

Restriksyon _____ (pa egzanp monte eskalye, patisipasyon nan jimnastik)
Limitations (e.g., stair climbing, participation in gym)

Alèji / Allergies _____

Sèvis dapre Seksyon Lwa 504 pou ane a? Wi / Yes _____ Non / No _____ Ane anvan an? Wi / Yes _____ Non / No _____

504 services for the current year? Previous Year?

Pitiit mwen an gen (fè yon kwa nan tout sa ki gen pou wè ak sa li genyen) : Asirans anka maladi prive _____ Medicaid _____ Pa gen asirans _____
My child has (X any that apply) Private health insurance Medicaid No health insurance

Si pitiit ou pa gen yon asirans, èske w vle nou voye ba lòt ajans enfòmasyon ki nan kat sa a pou yo fè w konnen chwà asirans ki genyen? Wi / Yes _____ Non / No _____

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

Si nou pa ka antre ankontak avèk okenn nan moun pou kontakte yo, kisa ou vle pou lekòl la fè si pitiit ou a malad oswa blese?

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

Nou konpran desizyon final yo pran nan ka ijans baze sou jijman responsab lekòl la.

N ap fè tout sa nou kapab pou respekte rekòmandasyon paran an endike pi wo a.

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

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

Sè oswa frè / Siblings: Siyati / Last Name	Non / First Name	Lekòl timoun lan ye / School of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

SE SÈL ANPLWAYE LEKÒL LA KI POU EKRI SOU LIY SA A / FOR SCHOOL USE

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

Date	Contact	Reason	Disposition
/ /	_____	_____	_____
/ /	_____	_____	_____
/ /	_____	_____	_____