緊急聯絡卡（請用英文清楚填寫）
EMERGENCY CONTACT CARD (Print information)

20 __至 20 __學年
SCHOOL YEAR 200__ to 200__

學生：姓________________ 名________________ 中名____ 出生日期________ 性別____ 身分號碼________
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________
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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 Name	電話 Telephone	關係 Relationship
姓名________	電話 ( )________	關係________
姓名________	電話 ( )________	關係________
姓名________	電話 ( )________	關係________

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**

IMPORTANT- PLEASE COMPLETE REVERSE SIDE OF THIS CARD >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
注意 - 請務必填寫卡片背面的內容 >>>

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?

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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。
學校將儘可能尊重家長在上面列出的建議。
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.

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
/ /			
/ /			
/ /			

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