

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。

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
/ /	_____	_____	_____
/ /	_____	_____	_____
/ /	_____	_____	_____

25229002X 08/30/07

New York City Department of Education T&I 2359 (Chinese)