緊急聯絡卡(請用										至200學年
EMERGENCY CONTACT CARD (Print in 學生:姓		nformation) 名			中名	出生日期	SCHOOL YEAR 200 to 200 性別 身分號碼			
Student: Last Na	me		— 1□ First		MI —	DOB		Sex	习力 派吨。 ID#	
	上與該人士同住):						關係			
	(Student resides with)						Relation	ship		
家長喜歡用以下語	言溝通:		書面				口頭	•		
Parent's Preferred	d Language of Commun	ication:	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.				mail		
地址						公寓	_ 行政區_		郵遞區號	
Address						Apt.	Borough	1	ZIP	
其他家長/監護人:							關係			
Other Parent/Gu							Relation	ship		
家長喜歡用以下語			書面				口頭			
	d Language of Commun		Written				Oral			
家庭電話()		工作電話 ()		手提電話號碼()			郵地址		
Home Telephone		Work Telephone		Cell No.				mail		
地址						公寓	_ 行政區_		郵遞區號	
Address						Apt.	Borough	1	ZIP	
	!情況下或學生在校生病#									
	of three (3) persons wh	o may be called in ca	se of emergency	or if child is sick in	n school.					
	絡卡上列出的人士。									
	RELEASED <u>ONLY</u> TO	PERSONS NAMED C								
姓名			電話()			關係 _				
姓名			電話()			關係 _				
姓名		電話()			關係					
Name 如果 不准 某人 接觸 學生,請說明:			Telephone			Relationship				
		4005001 1711 1								
	n who may NOT HAVE	ACCESS to child, pie				ロエナル	÷#: ∧ o		Ħ	
姓名			關係			是否有保			是	否
Name		₩ =	Relationship			Order of	Protection	EXISTS?	Yes	No
	如果變更,應書面通知			1		÷ =	1四人主体 1 /4/	· /- Oi	f D	
	notified in writing of a EASE COMPLETE REV								ure of Parer	ıvGuardian
	EASE COMPLETE REV 卡片背面的内容 > > >					>>>>>	,,,,	-		
社息 - 萌務必填舄 年級	下万 育画的内谷 / / / / 班級	*	· <i>フフフフフフフ.</i> 教自		,,,,,					
中級 Grade	 Class	教皇號悔 Room No.		⊪ acher						
Orauc	Olass	NOOHI NO.	100	301101						

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? 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? 去年? 否 No No 504 services for the current year? Previous Year? Yes 我的孩子(在適用項上劃X): 有私人醫療保險 沒有醫療保險 有醫療補助計劃 Private health insurance No health insurance My child has (X any that apply) Medicaid 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? If "No Health Insurance," are you willing to share contact information from this card to learn about insurance options? Yes 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 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)