傳 薪 中 文 學 校
緊 急 連 絡 資 料 卡
Tri-City Chinese School
Confidential Emergency Information Card

學生姓名 Student Name	班級 Class

家長 / 監護人 Dear Parent/ Guardian:

您必須提供以下資料 . 資料用於當您的小孩在校時 , 因生病 , 受傷害 , 或是處於或即將要遇見災難時 , 指示學校如何應變及照顧您的小孩 . 學校將尊從這指示除非收到您提出的書面更改

The following information is needed for use in the event that your child becomes ill or is injured while at school or in case of an impending or actual disaster and you cannot be reached. It is understood that the instructions given on this card will remain in force until revoked by the parent or guardian.

1. 當小傷病時 , 會用簡易醫護傷藥 In case of a minor nature, first aid will be administered.
2. 如果須要立即專業醫療時請指示 Please indicate the action you want the school to take if the injury or illness is of a serious nature

是否立即送以下醫療設備 Child should be place in care of physician/ practitioner (as shown below)
是 Yes ___ 否 No ___
如果沒法連絡以下醫療設備請指示如何處裡 If physician/ practitioner cannot be reached, what action should be taken?

地址 Home Address	城市 City	郵遞碼 ZIP

連絡電話 Phone	性別 Gender	出生日期 Birth Date (mm/dd/yy)

家長 / 監護人 Parent/ Guardian 關係 Relationship: 電話 Phone 手機 Mobile / 在家 Home 工作 Work	家長 / 監護人 Parent/ Guardian 關係 Relationship: 電話 Phone 手機 Mobile / 在家 Home 工作 Work

醫生姓名/ 醫院 Physician Name/ Medical Provider: 連絡電話及分機 Phone / Ext (__ __ __) __ __ __ - __ __ __	地址 Address 城市/ 郵遞碼 City/ ZIP

過敏及特別醫護指示 Allergies (Foods, drugs, Insect bites, etc.) And Special Health Consideration (Including regular medications taken)

當您的小孩有傷病或有緊急狀況，而且連絡不到您時，請提供並受權以下三位居住於鄰近人氏，來帶小孩回家及照顧小孩.
If you cannot be reached, list three persons in <u>the local area</u> who will be available and be authorized to pick up and care for your child in the event of an illness, injury, emergency or disaster.

姓名 Name	關係 Relationship	連絡電話 Phone	地址 Address/ City

簽名 Signature

家長 / 監護人 Parent/ Guardian 日期 Date