



First Aid and Emergency Medical Care Consent Form
急救和緊急醫療同意書

學生姓名 Student Name: (中文 Chinese) \_\_\_\_\_ (英文 English) \_\_\_\_\_

出生日期 Date of Birth: \_\_\_\_\_

In case of emergency, I give permission to Kwong Kow Chinese School to administer first aid or send my child to the emergency room for treatment. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

在緊急情況下,本人允許學校將我的孩子送到醫院急症室進行治療。

醫生姓名 Child's Physician Name: \_\_\_\_\_

地址 Address: \_\_\_\_\_

電話 Phone Number: \_\_\_\_\_

Child's Allergies: 我的孩子對 \_\_\_\_\_ 過敏

Other Health Conditions:

其它健康狀況: \_\_\_\_\_

Emergency Contacts (in order to be contacted):

1. 緊急聯絡人姓名 Name: \_\_\_\_\_ 關係 Relationship to Child: \_\_\_\_\_

地址 Address: \_\_\_\_\_ 電話 Phone #: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes No

2. 緊急聯絡人姓名 Name: \_\_\_\_\_ 關係 Relationship to Child: \_\_\_\_\_

地址 Address: \_\_\_\_\_ 電話 Phone #: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes No

3. 緊急聯絡人姓名 Name: \_\_\_\_\_ 關係 Relationship to Child: \_\_\_\_\_

地址 Address: \_\_\_\_\_ 電話 Phone #: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes No

Documentation of School Health Requirements

英文學校名稱 Current School: \_\_\_\_\_

英文學校地址 School Address: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

按照公立學校的衛生要求,我保證檢查身體和打預防針的記錄文件已存放在英文學校。

家長或監護人簽名 Parent/Guardian's Signature: \_\_\_\_\_

家長簽名 Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_\_