

ELIZA B. KIRKBRIDE ELEMENTARY SCHOOL

1501 South 7th Street
Philadelphia, PA 19147
215-952-6214

学生紧急联络人资料 (请清楚填写)

学生姓名/Student Name _____ 性别/Gender 男/M 女/F 年级/Grade _____
(姓/Last) (名/First)

住址/Address _____ 家庭电话/Home Phone _____

城市/City _____ 州/State _____ 邮编/Zip Code _____

母亲姓名/Mother's Name _____ 工作电话/Work Phone _____

手机号码/Cell Phone _____

父亲姓名/Father's Name _____ 工作电话/Work Phone _____

手机号码/Cell Phone _____

如果学生在校生病或发生意外, 学校无法及时与家长联系时, 学校被授权可将学生交给下列成年人接走
If unable to reach the parent in the event of illness and/or accident, the school is authorized to release the student to the following adult(s):

1. 姓名/Name _____ 与学生的关系/Relationship _____ 电话/Tel. _____

手机/Cell Phone _____

2. 姓名/Name _____ 与学生的关系/Relationship _____ 电话/Tel. _____

手机/Cell Phone _____

您的子女是否有学校必须了解的健康需求或病症?

Does your child have any health needs or problems the school should know? 有/Yes _____ 没有/No _____

如果有, 请列出/*If YES, please list* _____

您的子女平时是否服用药物? /*Does your child take any medication?* 是/Yes _____ 否/No _____

如果是, 请列出药物名称/*If YES, please list* _____

您的子女是否需要在学校服用药物? /*Does your child need to take medication at school?* 是/Yes _____ 否/No _____

如果需要, 请列出药物名称/*If YES, please list* _____

您的子女目前是否享受医疗保险? /*Does your child have medical insurance at this time?* 是/Yes _____ 否/No _____

如果是, 保险公司的名称是什么? /*If YES, what is the name of the insurance?* _____

家庭医生姓名/Physician's Name _____ 电话/Tel. _____

牙科医生姓名/Dentist's Name _____ 电话/Tel. _____

家长签名/Parent's Signature **X** _____ 日期/Date _____