



恩望堂中文學校
學生緊急聯絡資料
Hope Lutheran Chinese School
Student Emergency Information

Student's Name (學生姓名): _____ Grade (中文學校年級): _____

Home Address (地址): _____

Phone Number (電話): _____

Emergency Contacts 緊急聯絡

Name (姓名): _____ Relationship (關係): _____

Address (地址): _____ Phone Number (電話): _____

Name (姓名): _____ Relationship (關係): _____

Address (地址): _____ Phone Number (電話): _____

Physician Information 子女的醫生資料

Name of Physician (醫生姓名): _____ Phone Number (電話): _____

Address (地址): _____

Allergies (敏感): _____

Medications (醫藥): _____

In case of emergency, I give permission for my child to be given medical treatment at my expense.

yes no

在緊急情況之下，若找不到本人，可以將本人的子女帶去接受緊急醫藥治療，醫藥費用由本人支付。
同意 不同意

Parent's signature (家長簽名) Date (日期)