



緊急連絡表  
Emergency Contact Form

學生資料 Student Information

學生姓名 Full Name	生日 Date of Birth	
地址 Address	住家電話 Home Phone	
城市 City	州 State	郵遞區號 Zip

健康保險資料

Insurance Information

保險公司 Insurance Company
保險號碼 Policy Number

列出就讀長島文協的兄弟姐妹姓名和班級請

Please list any siblings attending CCALI

姓名 Name	班級 Class

緊急聯絡人 In case of emergency, notify the person below:

	姓名 Name	關係 Relationship	電話 Phone Number
1			
2			
3			

健康狀況 Health History

請列出過敏症狀 List all allergies	請列出服用的藥物 List all medications
請列出其他健康、行動或是心理上需要特別注意的地方 List any other medical, mobility, or mental health concerns	

我保證所有提供的信息都是準確和完整的。我了解所要求的信息完全保密也僅在緊急情況下使用。在緊急的情況下，我授權將這些信息提供給緊急連絡相關人員，也了解相關人員將努力聯繫緊急連絡人。在緊急情況下如需立即的反應，我了解學校行政單位將做出最後的決定。

I assure all information provided is accurate and inclusive. I understand that the information requested is confidential and for emergency use only. In the case of emergency, I give permission for this information to be released to emergency personnel. I understand that efforts will be made to be listed as the emergency contact. I understand in case of emergency and an immediate response is required, the school administration will contact the individual make the final decision.

家長/監護人簽名 Parent/Guardian Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

家長/監護人姓名 Parent/Guardian Name (please print): \_\_\_\_\_