



Emergency Contact Information and Parental Consent Form

Family ID: _____

Children:

First Name	Last Name	Date of birth (mm / dd / yyyy)	Allergies / Special Conditions

Parents / Guardians:

Father's Full Name:	Cell Phone:
Mother's Full Name:	Cell Phone:

Emergency Contacts:

Full Name:	Relationship to Child:
Home Phone:	Cell Phone:

Full Name:	Relationship to Child:
Home Phone:	Cell Phone:

Full Name:	Relationship to Child:
Home Phone:	Cell Phone:

Health Care Provider and Insurance Information:

Name of Child's Physician

Physician's Phone Number

Preferred Hospital

Insurance Company

Policy Number

Policy Holder's Name

Parental Consent:

In the event that the parents/guardians and emergency contacts cannot be reached in the case of an emergency, I authorize all first aid, medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by a medical care provider for my child and I waive my right to informed consent of treatment. I release CSSJ and individuals from liability in case of an accident during school.

Parent's/Guardian's Signature

Date



Family ID:

小孩:

名	姓	出生日期 (月/月/日日/年年年年)	過敏 / 特別狀況

家長 / 監護人:

父親全名:	手機號碼:
母親全名:	手機號碼:

緊急聯絡人:

全名:	與小孩關係:
家裏電話:	手機:

全名:	與小孩關係:
家裏電話:	手機:

全名:	與小孩關係:
家裏電話:	手機:

醫療提供者和保險信息:

小孩醫生	醫生電話	首選醫院
保險公司	保險號碼	保險人姓名

家長同意:

在緊急情況下如果學校無法聯絡到家長/監護人或緊急聯絡人時，本人授權給南澤西中文學校為我孩子做所有需要的急救，內科和外科治療，X-射線，化驗，麻醉，以及醫師指定的醫療程序。在校期間如發生事故，我放棄我的治療同意權。並且不追究南澤西中文學校法律責任。

家長/監護人簽名

日期