

**San Mateo Union High School District/聖馬刁聯合高中學區**  
**Medical Emergency Instructions/Health Care Plan/醫療緊急指引/健康護理計劃**

學生: \_\_\_\_\_ 出生日期: \_\_\_\_\_ 學年: \_\_\_\_\_  
Student Date of Birth School Year

**家長/監護人指引:**作為上述學生的家長/監護人,當有任何緊急事故發生時,本人要求及指示學校可以立即按當時情況而採取適當的行動。  
**Parent/Guardian Instructions:** As parent/guardian of the above named student, in the event of any emergency, request and instruct the school to **immediately**, as appropriate to the situation:

- 通知家長/監護人/Notify Parent/Guardian: \_\_\_\_\_  
電話:住宅 ( ) \_\_\_\_\_ 工作 ( ) \_\_\_\_\_ 手機/傳呼機 ( ) \_\_\_\_\_
- 通知家長/監護人/Notify Parent/Guardian: \_\_\_\_\_  
電話:住宅 ( ) \_\_\_\_\_ 工作 ( ) \_\_\_\_\_ 手機/傳呼機 ( ) \_\_\_\_\_
- 通知醫生 / Notify doctor: \_\_\_\_\_ 電話 ( ) \_\_\_\_\_
- 送往醫院(註明) / Transport to hospital (specify): \_\_\_\_\_
- 其他指示/Other instructions: \_\_\_\_\_

本人(我們)作為上述學生的家長/監護人,謹此同意對那些遵照學生醫護人員指示的人,包括所有學校人員、僱員及上述學區的代理,在任何的索求、行動、法律訴訟上可以受到保障,無需對任何情況或性質承擔責任。/(i) (We) the parent(s) or guardian(s) of the above-named student, hereby indemnify and hold harmless from any demands, actions, suits, or any liability of any nature or kind, any and all personnel, employees, and agents of said district who may act pursuant to the instruction of the child's physician.

家長/監護人簽署 (SIGNATURE OF PARENT/GUARDIAN)

日期 (DATE)

**醫生指示:**上述學生現時正接受本人治療(健康狀況) / **PHYSICIAN INSTRUCTIONS:** The above named student is currently under my care for(medical condition): \_\_\_\_\_

顯示需要緊急醫療的徵兆/症狀包括 /Signs/symptoms indication a medical emergency are: \_\_\_\_\_

應採取的行動 / Actions to be taken: \_\_\_\_\_

SIGNATURE OF PHYSICIAN/HEALTH CARE PROVIDER /醫生/醫護人員簽署

DATE /日期

**NAME & ADDRESS STAMP:**  
**Required**

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_