臺北市中山區濱江國民小學附設幼兒園幼兒緊急聯絡卡

**年度: 114學年度**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 班級 |  | | 幼兒姓名 |  | | 性別 | |  | |
| 聯絡地址 | |  | | | | | | | |
| 緊  急  聯  絡  人 | 順序 | 姓名 | | 關係 | 日間聯絡電話 | | 行動電話 | | |
| 1 |  | |  |  | |  | | |
| 2 |  | |  |  | |  | | |
| 3 |  | |  |  | |  | | |
| 就醫 | 特殊  病例 |  | | | **◾如有醫療情事希望優先送醫醫院?** | | | | |
| 1. | | | | 2. |