

ENFÒMASYON SOU SANTE TIMOUN LAN / HEALTH INFORMATION

Non doktè a oswa klinik la : _____ Telefòn () _____
 Name of Physician/Clinic: _____ Telephone

Alèt medikal / Health Alert

Èske timoun lan gen yon maladi kèlkonk ki ka afekte patisipasyon l nan aktivite fizik? Wi / Yes ___ Non / No ___

Does child have any health condition that may affect participation in physical activities?

Restriksyon _____ (pa egzanp monte eskalye, patisipasyon nan jimnastik)
 Limitations (e.g., stair climbing, participation in gym)

Alèji / Allergies _____

Sèvis dapre Seksyon Lwa 504 pou ane a? Wi / Yes ___ Non / No ___ Ane anvan an? Wi / Yes ___ Non / No ___

504 services for the current year?

Previous Year?

Pitit mwen an gen (fè yon kwa nan tout sa ki gen pou wè ak sa li genyen) : Asirans anka maladi prive ___ Medicaid ___ Pa gen asirans ___
 My child has (X any that apply) Private health insurance Medicaid No health insurance

Si pitit ou pa gen yon asirans, èske w vle nou voye ba lòt ajans enfòmasyon ki nan kat sa a pou yo fè w konnen chwa asirans ki genyen? Wi / Yes ___ Non / No ___

If "No Health Insurance," are you willing to share contact information from this card to learn about insurance options?

Si nou pa ka antre ankontak avèk okenn nan moun pou kontakte yo, kisa ou vle pou lekòl la fè si pitit ou a malad oswa blese?

If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured?

Nou konpran desizyon final yo pran nan ka ijans baze sou jijman responsab lekòl la.

N ap fè tout sa nou kapab pou respekte rekòmandasyon paran an endike pi wo a.

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail.

The recommendation of the parent as indicated above will be respected as far as possible.

Sè oswa frè / Siblings: Siyati / Last Name

Non / First Name

Lekòl timoun lan ye / School of Attendance

_____	_____	_____
_____	_____	_____
_____	_____	_____

SE SÈL ANPLWAYE LEKÒL LA KI POU EKRI SOU LIY SA A / FOR SCHOOL USE.....

List below contacts made for emergency, illness or injury. Relevant records from Health Record _____

Date	Contact	Reason	Disposition
/ /	_____	_____	_____
/ /	_____	_____	_____
/ /	_____	_____	_____

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New York City Department of Education T&I 2359 (Haitian Creole)