

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Medical Services Division

**NOTICE OF FIRST AID**

\_\_\_\_\_ Date \_\_\_\_\_  
SCHOOL

To Parent or Guardian:

This is to inform you that \_\_\_\_\_  
Student name Birth date Grade/Rm/Trk

was given first aid for \_\_\_\_\_

Refer to your family doctor if further care is needed.

\_\_\_\_\_  
Principal or Designee

洛杉磯聯合校區  
醫療服務部門

**急救通知**

\_\_\_\_\_ 日期 \_\_\_\_\_  
學校

致家長或監護人：

謹此通知您， \_\_\_\_\_  
學生姓名 出生日期 年級/教室/班別

因以下原因接受了急救處理： \_\_\_\_\_

如需進一步治療，請諮詢您的家庭醫師。

\_\_\_\_\_  
校長或指定代理人簽名

.....TEAR OFF AND RETURN TO SCHOOL WITH REPLY.....  
請沿虛線撕下並交回學校回覆

To the Principal/Designee:  
致校長/指定代理人：

I have received notice of first aid given to \_\_\_\_\_  
本人已收到關於 Student name/學生姓名 Grade/Room (年級/教室)

and will see that further care is given if needed.  
接受急救處理之通知，並將在必要時確保其獲得進一步之照護。

\_\_\_\_\_  
Parent or Guardian's Signature 家長或監護人簽名 Date 日期 (CHINESE)