

本文件为递交 COVID-19 医疗同意书的英文在线申请提供了中文翻译。在您完成在线申请之际，请使用此文件作为参考。如果您有疑问，请通过[MedicalConsent@k12.dc.gov](mailto:MedicalConsent@k12.dc.gov)与我们联系。

<b>[English]</b>	<b>[Chinese]</b>
SY21-22 Virtual Learning Registration > Public Homepage	21-22 学年在线学习注册 > 公众主页
COVID-19 Medical Consent and Certification Process	COVID-19 医疗同意书和证明过程
Please use this application to submit your child's <a href="#">COVID-19 Medical Consent and Certification Form</a> to register for virtual learning in SY21-22. Note that a doctor or nurse practitioner signature is required for this form. Please submit a separate form for each student in your family who requires virtual instruction.	请使用此申请来递交您的孩子的 <a href="#">COVID-19 医疗同意书和证明表</a> ，以便为21-22学年的在线学习注册。请注意，此表格需要医生或护士的签名。请您家中每一个需要在线教学的学生提交一份单独的表格。
<ul style="list-style-type: none"> <li>For more information about the process, visit our FAQ on the Reopen Strong site: <a href="https://dcpsreopenstrong.com/sy21-22/">https://dcpsreopenstrong.com/sy21-22/</a></li> <li>If you have questions, please contact us at <a href="mailto:medicalconsent@k12.dc.gov">medicalconsent@k12.dc.gov</a>.</li> </ul>	<ul style="list-style-type: none"> <li>如需此过程的更多信息，请访问我们在安全卫生地重新开放(Reopen Strong)网站上的常见问题解答：<a href="https://dcpsreopenstrong.com/sy21-22/">https://dcpsreopenstrong.com/sy21-22/</a></li> <li>如果您有疑问，请通过<a href="mailto:medicalconsent@k12.dc.gov">medicalconsent@k12.dc.gov</a>与我们联系。</li> </ul>
COVID-19 Medical Consent & Certification Form Upload	COVID-19 医疗同意书和证明表上传
<b>Student Information</b>	<b>学生信息</b>
Student First Name	学生的名字
Student Last Name	学生的姓氏
Student ID	学生编号
Your child's student ID can be found on their report card (in the top right corner) and is also used to log into Canvas.	您可以在您孩子的报告卡上（在右上角）找到他/她的学生编号，您也可以使用此号码来登录Canvas。
Student Date of Birth	学生出生日期
School Name	学校名称
Student Grade	学生年级
<b>Parent/Guardian Information</b>	<b>家长/监护人信息</b>
Parent/Guardian First Name	家长/监护人的名字

Parent/Guardian Last Name	家长/监护人的姓氏
Parent/Guardian Phone Number	家长/监护人的电话号码
Parent/Guardian Email Address	家长/监护人的电子邮件地址
<b>Upload Medical Consent Form</b>	<b>上传医疗同意书</b>
NOTE: This is where you will upload your child's COVID-19 MEDICAL CONSENT & CERTIFICATION FOR DISTANCE LEARNING form. Please be sure to fill out all the required fields before uploading.	注意：您将在这里上传孩子的COVID-19远程学习医疗同意书和证明表。上传之前，请务必填写所有必填字段。
Choose file	选择文件
No file chosen	没有选中任何文件
<i>After uploading your form, please click the green "Save &amp; close" button in the top right hand corner.</i>	<i>上传表格后，请点击右上角绿色的"Save &amp; close"按钮。</i>
<i>Thank you for submitting your medical consent form! Our team will review this and reach out to you within two business days to follow up on any questions or incomplete information, or to let you know your request was approved.</i>	<i>感谢您提交医疗同意书！我们的团队将对此进行审核，并在两个工作日内与您联系，以处理任何问题或不完整的信息，或者让您知道您的请求已获批准。</i>