

緊急時個人資料 / *NAC Permission for Emergency Medical Care*

生徒氏名 (漢字) \_\_\_\_\_ Name (ローマ字) \_\_\_\_\_

生年月日/Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 年齢/Age \_\_\_\_\_ 学年/Grade \_\_\_\_\_ Social Security # \_\_\_\_\_

自宅住所/Home Address \_\_\_\_\_ CA \_\_\_\_\_  
Street City Zip Code

電話番号/Home Phone Number ( \_\_\_\_\_ ) - \_\_\_\_\_

両親の氏名 Mother(ローマ字) \_\_\_\_\_ Work Phone Number( \_\_\_\_\_ )

Father(ローマ字) \_\_\_\_\_ Work Phone Number( \_\_\_\_\_ )

In the event the parent /guardian cannot be reached, permission is hereby given for a Physician, dentist, and /or hospital to provide emergency care for my child should any serious illness occur at school or at a school-connected activity.

Date of Last Tetanus Toxoid Booster: \_\_\_\_\_

Special Medications: \_\_\_\_\_

Allergies to Drugs or Foods (Specify) \_\_\_\_\_

Current Health Problems or Pertinent Information: \_\_\_\_\_

As legal custodian of \_\_\_\_\_, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and /or hospital care to be rendered to said minor upon the advice of any licensed physician and /or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization shall remain effective for as long as the student attends NAC or until revoked in writing by parent(s) or guardian.

SIGNATURE OF MOTHER (OR GUARDIAN) \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF FATHER (OR GUARDIAN) \_\_\_\_\_ Date: \_\_\_\_\_

In the event of an illness/emergency, your child will be released only to the parent(s), or local persons listed below:

Name: \_\_\_\_\_ Address \_\_\_\_\_

Day Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

Day Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Note: To assist us in the event of a disaster, please include name, telephone number of a contact person in Japan.  
Name: \_\_\_\_\_ Phone( \_\_\_\_\_ )

裏面も忘れずにお願いします。

保険証コピー添付欄  
(別紙にさせていただいてもかまいません。)