

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

生徒氏名 (漢字) 林 幸 Name (ローマ字) Hayashi Miyuki

生年月日/Birthday 08 / 04 / 2010 年齢/Age 12 学年/Grade 7 Social Security # _____

自宅住所/Home Address 25320 Cypress Street Lomita CA 90717
Street City Zip Code

電話番号/Home Phone Number (310) 897-3381

両親の氏名 Mother(ローマ字) Yam YuenShan Work Phone Number() _____

Father(ローマ字) Hayashi Yutaka Work Phone Number (310) 354-0028 Ext. 120

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: _____

石皮傷風 7772

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) _____

Mama Sign

SIGNATURE OF FATHER (OR GUARDIAN) 林 裕子 Date: 04/05/2023

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

Name: _____ Address _____

Name: _____ Add any CO Staff OK? Day Phone () _____

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() _____

裏面も忘れずをお願いします。

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。)

NOT received yet



Need 母子手帳
to clarify

西大和学園 予防接種記録 (Immunization Record)

2019年度改訂版

カリフォルニア州の法律により、園児・児童・生徒は年齢に応じて決められた回数の予防接種を受け、それらの結果を学校内で保管することが義務付けられています。つきましては、下記詳細を参考に、裏面に受けた予防接種実施日を全て記入し事務局にご提出ください。また、未接種ワクチンがある場合は、速やかに接種し、別紙にご記入頂きご提出ください。
このページに次回の接種日を記入し、コピーをして保管されることをお勧めいたします。

*予定日をご記入ください。

ワクチン名 Dose	次回接種日程 Earliest Dose May Be Given / Exclude If Not Given By	予定日 Day of Next Dose
ポリオ2回目 Polio 2nd dose	1回目から4週間あけて8週間以内に2回目 4 weeks after 1st dose / 8 weeks after 1st dose	/ /
ポリオ3回目 Polio 3rd dose	2回目から4週間あけて12カ月以内に3回目 4 weeks after 2nd dose / 12 months after 2nd dose	/ /
ポリオ4回目 Polio 4th dose	3回目から6カ月あけて12カ月以内に4回目 6 months after 3rd dose / 12 months after 3rd dose	/ /
三種混合2回目 DTaP 2nd dose	1回目から4週間あけて8週間以内に2回目 4 weeks after 1st dose / 8 weeks after 1st dose	/ /
三種混合3回目 DTaP 3rd dose	2回目から4週間あけて8週間以内に3回目 4 weeks after 2nd dose / 8 weeks after 2nd dose	/ /
三種混合4回目 DTaP 4th dose	3回目から6カ月あけて12カ月以内に4回目 6 months after 3rd dose / 12 months after 3rd dose	/ /
三種混合5回目 DTaP 5th dose	4回目から6カ月あけて12カ月以内に5回目 6 months after 4th dose / 12 months after 4th dose	/ /
B型肝炎2回目 Hep B 2nd dose	1回目から4週間あけて8週間以内に2回目 4 weeks after 1st dose / 8 weeks after 1st dose	/ /
B型肝炎3回目 Hep B 3rd dose	2回目から8週間あけて12カ月以内かつ1回目から4カ月後に3回目 8 weeks after 2nd dose / 12 months after 2nd dose & at least 4 months after 1st dose	/ /
MMR2回目/ 2nd dose (麻疹・おたふくかぜ・風)	1回目から4週間あけて4か月以内に2回目 4 weeks after 1st dose / 4 months after 1st dose	/ /
水疱瘡2回目 Varicella 2nd dose	13歳以下: 1回目から3カ月あけて4か月以内に2回目 Age less than 13 years: 3 months after 1st dose / 4 months after 1st dose	/ /
	13歳以上: 1回目から4週間あけて8週間以内に2回目 Age 13 years and older: 4 weeks after 1st dose / 8 weeks after 1st dose	/ /

*A Polio: 4歳の誕生日以降に少なくとも1回受けていれば、本来は4回の所を3回で必要な回数を満たすとする。 3 doses OK if one was given on or after 4th birthday.

*B DTaP: 7歳の誕生日以降に少なくとも1回受けていれば、本来は5回の所を3回で必要な回数を満たすとする。 3 doses OK if one was given on or after 7th birthday.

*C DTaP: 4歳の誕生日以降に少なくとも1回受けていれば、本来は5回の所を4回で必要な回数を満たすとする。 4 doses OK if one was given on or after 4th birthday.

*D 7年生以降は7歳の誕生日、またはそれ以降に百日咳ワクチンを1回は接種する必要がある。尚、百日咳単体のワクチンはなく、Tdapワクチン(青年用の三種混合ワクチン: 破傷風・ジフテリア・百日咳)や、それに代わるワクチンを接種すること。 For 7th - 12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.

*E MMR: 必要な回数を1歳の誕生日以降に受けていればよい。 Both given on or after 1st birthday.

ENROLLMENT AGREEMENT

NISHIYAMATO ACADEMY has accepted (student name) HAYASHI MEYUKI for enrollment as a student beginning (month, year) 04, 2023. By signing this contract, we, the undersigned, accept the place reserved at Nishiyamato Academy. In accordance with this contract we agree to all conditions set forth.

- 1. **Rule and Regulations**----- the student and the student's parents/guardians agree to abide by Nishiyamato's policy, rules, and regulations, as may be adopted or amended from time to time. The students may be suspended or dismissed from Nishiyamato at any time if, in the sole opinion of Nishiyamato's administration, (1) the student's academic progress is unsatisfactory; (2) the student's conduct at school or off campus is unsatisfactory, detrimental to good order and discipline in the school, or detrimental to the reputation of Nishiyamato; (3) the students and/or the student's parents/guardians fail to abide by Nishiyamato's policies, rules, and regulations or are, in the judgment of Nishiyamato, otherwise disruptive or injurious to Nishiyamato's reputation or accomplishment of its educational purpose. We further agree that such suspension or dismissal by Nishiyamato will not release us from our financial obligations under this contract.
- 2. **Release**----- We agree that NISHIYAMATO ACADEMY, its trustees, volunteers, host parents and associated organizations and personnel shall not be liable for any accident or injury that the student may sustain arising out of or related to any school-related activity, either in school or during any and all school related educational, athletic, community service or other such activities. This agreement hereby releases NISHIYAMATO ACADEMY, its employees, trustees, volunteers, host parents and associated organizations and personnel from any liability that may arise out of or is related to my child's participation in any and all such school-related activities.
- 3. **In the event of an illness or medical emergency affecting my child, I understand that it is my responsibility to pay for the cost of hospitalization if necessary, or for any other medical fees related to such illness or emergency, including the cost of returning my child to his country of origin. I accept responsibility for such medical costs which may be incurred on behalf of my child. I authorize Nishiyamato Academy and its agents to obtain emergency medical care for my child. I have provided evidence of medical insurance covering my child.**

This contract may not be amended or modified other than by a written agreement executed by Parent(s) and the Head of School. If any provision of this contract is held invalid, the invalidity shall not affect other provisions of the contract that can be given effect without the invalid provisions. To this end, the provisions of this contract are declared to be severable. This contract constitutes and contains the entire agreement and understanding concerning the subject matters addressed herein between the parties. We agree that the meaning, effect, and interpretation of this contract will be determined according to the laws of the State of California.

STUDENT NAME: HAYASHI MEYUKI Grade 7 Class _____

林 裕子

Signature of First Parent

Signature of Second Parent

Mama Sign

AUTHORIZATION AGREEMENT FOR ACH SERVICE

(授業料等銀行自動引き落とし同意書)

Nishiyamato Inc.

I(We) hereby authorize Nishiyamato Inc, herein-after called NAC, to initiate debt entries against my(our) Checking account indicated below, and the depository institution named below, hereinafter called 'Depository,' to debit the same from such account.

The initiation of the debt entries by NAC is to be limited to tuition, registration fee, examination fee, material expense and other school-related expenses, which may be owed by the account holder(s). Notice of initiation will be provided prior to each transaction.

Transit/ABA Number (チェック左下番号)	Saving	Account Number (チェック右下の口座番号)
322271627	Checking	860573713

This authority is to remain in full force and effect until NAC has received written notification of termination from one or both of the undersigned, so that the School and Depository will have had a reasonable amount of time to act on it.

Name (S) (口座主) 共有名義の場合は2人共お願いします。		平日・補習
HAYASHI YUTAKA		
Date (日付)	Signature (口座主)	
04/05/2023	打裕人	
Grade (学年・組)	Student's Name (生徒氏名)	
7	HAYASHI MIYUKI	

VOID チェックをホッチキスでこの用紙に添付してください。

保護者のみなさま

西大和学園カリフォルニア校
西大和学園補習校
校長 西川勝行

情報誌・ホームページ等への写真等の掲載について

保護者の皆様におかれましてはご健勝のこととお喜び申し上げます。日頃は、本校の教育活動推進について、ご理解とご協力を賜り、誠にありがとうございます。

さて、本校の教育活動の様子をより理解して頂くための広報活動の一環として、LAのコミュニティ雑誌や（主に「ライトハウス」誌）や、本校ホームページにて日頃の学校生活の様子を若干の画像や動画で公開しております。

なお、児童生徒の写真・動画を掲載する際は、従来から画像サイズを小さくする、アップ写真は別途確認頂き許可をいただき、氏名と顔を一緒に載せないなどのさまざまな配慮をして、トラブルの発生を極力防いでおります。

今後も本学園の発展・振興のために公開していく予定ですので子どもたちを撮影した写真や動画をホームページ等に掲載することについて、承諾いただきますようお願いいたします。ウェブサイトに掲載した内容は、学校関係者だけでなく、一般の人からも閲覧できる場合もあります。また、掲載後、特定の写真掲載の中止を希望される場合はご連絡ください。

切り取り線

Need to decide

情報誌・ホームページ等への写真掲載不許可について

依頼のあった内容について、情報誌・ホームページに写真を掲載することを承諾しません。

7年 組（まだクラス通知をされていない場合は空白）

園児児童生徒氏名 村 幸

保護者名 村 裕

日付