

Matsuba Gakuen Medical Treatment Authorization Form

c/o Japanese Program, University of South Carolina
Columbia, SC 29208 (803) 777-7034

The pupil whose name appears below is a student at Matsuba Gakuen, Saturday Japanese School Program. This form is to serve as notice that parents or guardian of this child have authorized Matsuba Gakuen to obtain any necessary medical treatment in the event of an emergency in which the parent cannot be contacted.

MATSUBA GAKUEN – EMERGENCY INFORMATION AND NOTICE OF RIGHTS

	Date:	Birthday:	
	Last Name	First Name	Home Phone #
HOME ADDRESS	Number Street	City	Zip Code
FATHER'S NAME	Last Name	First Name	
MOTHER'S NAME	Last Name	First Name	
INSURANCE INFORMATION	Name of Company	Policy #	Phone #.
ALLERGIES	Circle One – YES	NO	Type of Blood

In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:

DOCTOR	Name	Address	Phone #.
NEIGHBOR	Name	Address	Phone #
RELATIVE	Name	Address	Phone #.

Signature of Father or Guardian Date Signature of Mother or Guardian Date

PLEASE RETURN THIS FORM TO MATSUBA GAKUEN