

South Carolina Japanese Language Supplementary School “Matsuba Gakuen”

Emergency Medical Treatment Authorization Form

The pupil whose name appears below is a student at South Carolina Japanese Language Supplementary School “Matsuba Gakuen.” 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

Last Name First Name

Student’s name: _____

mm dd yyyy

Student’s birthday: ____ / ____ / ____

Student’s blood Type: _____

Student’s allergies: Yes / No (circle)

If yes, please describe: _____

Street

City

State

Zip Code

Home address: _____

Last Name

First Name

Phone #

Father’s name: _____

Last Name

First Name

Phone #

Mother’s name: _____

Name of Company

Policy #

Phone #.

Insurance info.: _____

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:

Name

Address

Phone #

Doctor: _____

Name

Address

Phone #

Neighbor: _____

Name

Address

Phone #

Relative: _____

Signature of Father or Guardian

Date

Signature of Mother or Guardian

Date