

Written Agreement

園児・児童・生徒名(ここは日本語で)

Concerning emergency medical care



Chicago Futabakai Japanese School

2550 N, Arlington Heights Road,
Arlington Heights, IL 60004
Tel (847)590-5700 Fax (847)590-9759

すみれ幼稚園 _____ 組

担任名 _____

STUDENT'S NAME _____

DATE OF BIRTH _____

PARENT/GUARDIAN _____

ADDRESS _____

HOME PHONE () _____

OFFICE PHONE () _____

CELL PHONE-1 () _____

RELATIONSHIP _____

CELL PHONE-2 () _____

RELATIONSHIP _____

SECOND CONTACT

NAME _____

ADDRESS _____

HOME PHONE () _____

CELL PHONE () _____

TRANSPORTATION

If transportation is needed for my child in case of illness or injury, I agree that he/she may be transported in a privately owned car or in a commercial vehicle.

PHYSICIAN

If, in the judgement of the school authorities, a physician is needed and I cannot be contacted, the school is directed to call:

DR NAME _____

PHONE () _____

ADDRESS _____

HOSPITAL CALL

In case hospitalization is needed, you may transport my ill or injured child to a local hospital. I grant permission for him/her to be transported by the local ambulance, a privately owned car, or in a commercial vehicle.

I ASK THE SCHOOL AUTHORITIES TO USE THEIR JUDGMENT AND DISCRETION IN CASE OF EMERGENCY.

PARENT'S/GUARDIAN'S SIGNATURE _____

DATE _____