

< 様式 4 >

EMERGENCY INFORMATION CARD

Pittsburgh Japanese School
c/o Shady Side Academy Middle School
500 Squaw Run Road East, Pittsburgh, PA 15238
Phone: (412) 963-6358, Fax: (412) 963-6358

Student's Name: _____ Grade: _____
Last First Initial
Birth Date: / / Blood Type: Home Phone: () -
Student's Social Security No.: Second Phone: () -
Father's Social Security No.: Mother's Social Security No.:
Address:
Mothor's Name: Father's Name:

Please list two people who will assume temporary care of your child in the event you cannot be reached.

1. Name: Phone: () -
Address:
2. Name: Phone: () -
Address:

Please list any special health problems (allergies) and all medication taken by the student.

Do you consent to X-ray examination or blood transfusion, if needed? Yes , No
Family Doctor or Pediatrician:
Name: Phone: () -
Address:
Name of Primary Insurance: Phone: () -
Address: Policy No.:
Expiration Date: / / Carrier No.:

In the event that I cannot be reached, I give permission to school representative(s) to transport this student to the above doctor or any medical facility and perform authorized emergency treatment. I will assume full responsibility for all changes related above.

Parent's or Gurdian's Signature

Date

This card is for emergency at hospital. Please write this in English.
この書類は、緊急時に病院で受診する際に必要なものです。すべて英語で記入の上、ご提出ください。