

GREENWICH KOKUSAI GAKUEN EMERGENCY MEDICAL CARD YEAR 2016-2017

CHILD'S NAME: _____ BIRTH DATE: _____
ADDRESS: _____ TEL: _____
FATHER'S NAME: _____ Cell PHONE : _____
MOTHER'S NAME: _____ Cell PHONE : _____
ADDITIONAL CONTACT: _____ TEL: _____

I give permission to Greenwich Kokusai Gakuen to take whatever emergency (first aid, disaster evacuation) measures as judged necessary for the care and protection of my child. In the event of a medical emergency, I will be notified immediately and agree to assume full responsibility for needed medical care. If I cannot be reached, I authorize any licensed physician to provide proper medical treatment. I understand that this authorization is given prior to any need for medical care and is given to avoid any unnecessary delay for emergency treatment which the physician may deem advisable. I also authorize Greenwich Kokusai Gakuen to arrange transportation to the nearest medical facility and to communicate with my pediatrician. Any allergies, medication, illnesses that physician should be aware of:

CHILD'S PHYSICIAN: _____ TEL: _____
CHILD'S DENTIST: _____ TEL: _____
PARENT'S SIGNATURE: _____ DATE: _____

Sep. 2016