San Fernando Valley Japanese Language Institute

EMERGENCY INFORMATION

(Please print)

Student's Name _____
First M. Last

Date of Birth _____ Class _____

Address _____
Street Address City Zip Code

Home Phone _____

Mother/Guardian _____ Cell Phone _____

Email _____ Work Phone _____

Father/Guardian _____ Cell Phone _____

Email _____ Work Phone _____

List of friends and relatives who should be contacted, if you cannot be reached:

1. Name _____ Phone No: _____
2. Name _____ Phone No: _____
3. Name _____ Phone No: _____

AUTHORIZATION FOR MEDICAL TREATMENT

In the event of an emergency and the school is unable to reach me, I hereby authorize San Fernando Valley Japanese Language Institute to seek medical treatment and/or hospital care deemed necessary, rendered under the supervision of a licensed physician. I understand and accept that I will be responsible for all expenses.

Signature of Parent or Guardian _____ Date _____

Family Doctor _____ Phone No: _____

Health Insurance Co. _____ Policy or Group No. _____

Please list any problems, allergies, medications, and medical history which we should be aware of:

_____

_____