

緊急連絡カード（英語版） EMERGENCY CONTACT SHEET

This sheet is for medical emergencies when your child is injured or sick. You are required to fill it accurately. You must also inform your class teacher of any changes during the year immediately.

Katakana ----- Student's Name			Sex	M • F	Date of Birth (yy/mm/dd)
Current Address			Parent's name		
Home Phone	1.Home		Other	1. TEL	
	2.Mobile		Contacts	2. TEL	
Type of Health insurance	1.Kokumin - National Ins. 2.Shakai - Company Ins. 3.Others ()		Insurance No.		

Please indicate your home and/or mobile phone number(s). Also at least 2 other contacts such work, relatives and friends should be informed.

Family Doctor(s)	General	TEL :
	Surgery	TEL :

Are you allergic to any drugs? No • Yes (Name drug :

Are you allergic to any food? No • Yes (Name of food :

How much is OK? : 1. Not at all 2. A little 3.Others ()

Are you on medication now? No • Yes (Please write medication below)

1st Grade	2nd Grade	3rd Grade	4th Grade	5th Grade	6th Grade