

JAPANESE LANGUAGE SCHOOL UNIFIED SYSTEM
KYODO SYSTEM

EMERGENCY INFORMATION

Office use only
School:

- Valley
 Chuo
 Pasadena
 Daiichi-Irvine

Student's Name: _____ Date of Birth: _____

Home Address: _____

Mother/Guardian's Name: _____ Phone: _____

Work phone: _____ Email: _____

Father/Guardian's Name: _____ Phone: _____

Work phone: _____ Email: _____

Family Physician: _____ Phone: _____

Allergies and /or other significant medical information: _____

List any and all restrictions _____

RELEASE INFORMATION

In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:

Emergency Contact Persons:

* Name: _____ Phone: _____ Relation: _____

* Name: _____ Phone: _____ Relation: _____

MEDICAL AUTHORIZATION

Should it be necessary for my child to have medical treatment and I cannot be reached, I hereby give the Kyodo System/Gakuen personnel permission to use their best judgment in obtaining medical services for my child. And I shall not hold liable the Kyodo System or any adults in charge for medical aid rendered. Also, I understand that any cost incurred for such treatment shall be my sole responsibility. I will notify the Kyodo System of any changes in the above medical information.

X _____
Authorization signature of parent / guardian

Date

Please turn the page over

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REQUEST FO EXEMPT STUDENT FROM PHOTOGRAPHS AND VIDEOTAPES

Students are sometimes photographed or videotaped by the school representatives and /or the news medias during the school activities and at the special events held by the school. We respect the privacy of students and their families. So, please indicate whether; 1) It is permissible for your child to be photographed and /or videotaped; or 2) You do not wish your child to appear in photographs or videotapes that can be seen by general public.

- 1) ___It is permissible for my child to be photographed and /or videotaped.
- 2) ___My child should not be photographed and/or videotaped without any exception.

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Signature of Parent or Guardian

Date