

JAPANESE LANGUAGE SCHOOL UNIFIED SYSTEM  
KYODO SYSTEM

School:
<input type="checkbox"/> Chuo
<input type="checkbox"/> Pasadena

**EMERGENCY INFORMATION**

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

JAPANESE LANGUAGE SCHOOL UNIFIED SYSTEM  
KYODO SYSTEM

**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.

×

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date