

Emergency Contact Card

This card will be used to provide an appropriate response and to contact the child's parents or guardians as quickly as possible in case of injury, or illness. Please fill out the form and give to your child's homeroom teacher at school. The information provided on this form will not be used for anything other than educational purposes, and will be destroyed when the child graduates.

School Year	Class	Number

<i>hiragana</i> spelling			Date of Birth	
Student's Name			Year:	Month: Day:
Address				
<i>hiragana</i> spelling			Telephone Number	
Name of Parent or Guardian				
People to Contact in Case of Emergency		Name of Contact Person	Relationship to Child	Telephone Number
	①			
	②			
Please write the names of any siblings attending the same school.	Names of Siblings		Relationship to Child	Year in School/Class
				Year: Class:
				Year: Class:
Please write any details about your child's physical condition and medical history that you would like the school and supervising teacher to be aware of (major illnesses, food allergies, physical condition, name of preferred hospital, etc.).				

Information from Insurance Card

Insurance Card Name (Type)				
Insurance Card Code and Number	Code		Number	
Union Name				
Number of Insurer		Name of Insurer		

※If any of your information changes, please re-submit the form to your child's supervising teacher.