

print student's last name: \_\_\_\_\_ student's first name: \_\_\_\_\_



# SAKURA GAKUEN Japanese Language School

2401 Riverside Blvd., Sacramento, CA 95818 info@sakuragakuen.org (916) 542-0557

## EMERGENCY CONTACT INFORMATION < 1 per child>

Date \_\_\_\_\_ Teacher/ Class \_\_\_\_\_

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Address City Zip Code

Mother/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency and the school is unable to contact me, I hereby authorize Sakura Gakuen Japanese Language School (hereinafter "the school") to seek any and all medical treatment and/or hospital care deemed necessary, rendered under the supervision of a licensed physician, dentist or first responder. I understand that by signing below I will release and forever discharge the school, its Board of Trustees, employees, PTC officers, parent volunteers and the Buddhist Church of Sacramento from any and all claims, demands, actions or causes of action arising out of the said treatment, and shall assume full responsibility for any such action, including but not limited to payment of any and all cost(s) incurred in administering, furthering and/or rendering said treatment. This release is effective until revoked in writing and received by the dean of the school.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**The following information maybe needed by a practitioner not having access to the student's medical history.**

Allergies: \_\_\_\_\_ Medication being taken: \_\_\_\_\_

Approx Date of last tetanus: \_\_\_/\_\_\_/\_\_\_ Physical impairments (Heart, Epilepsy, etc.): \_\_\_\_\_

Other pertinent facts to which physician should be alerted: \_\_\_\_\_

### If You REFUSE TO GRANT CONSENT complete this section:

I, \_\_\_\_\_ am the \_\_\_\_\_ of \_\_\_\_\_, who  
Your name Parent or legal guardian Student's name

attends Sakura Gakuen Japanese Language School. I DO NOT give my consent for emergency medical treatment of my child/ward. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_