



SAKURA GAKUEN Japanese Language School

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

EMERGENCY CONTACT INFORMATION <1 per child>

Date _____ Name _____ 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, in case of emergency:

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 or supervisor 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: _____

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 _____.
Your name Parent or legal guardian Child's name

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: _____