**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

In the event my child has a medical emergency while in the care/under the supervision of the Southeast Japanese School (hereinafter "Southeast Japanese School & Community Center" or "SEJSCC"), by my signature below, authorization is granted to the SEJSCC to provide emergency medical treatment. If practicable, the SEJSCC will attempt to contact parent utilizing the emergency contact information below prior to rendering treatment. It is the parent or guardian's responsibility to update emergency contact information accurately.

Child's Name: Birthdate:

 Print name

Home Address:

Phone:

Father’s Name: Phone:

Mother’s Name: Phone:

Legal Guardian’s Name: Phone:

Emergency Contact: Phone:

Relationship:

Family Doctor: Phone:

 Health Insurance Company:

Allergies:

Special Instructions for Emergency Medical Services:

I hereby hold harmless the SEJSCC from any liability, claims or damages, including injuries, in connection with sanctioned activities. I understand that medical insurance is my (our) responsibility and any cost incurred for treatment shall be my (our) sole responsibility. This form shall remain in full force unless rescinded in writing.

X

Father's Signature Date

X

Mother’s Signature Date

X

Legal Guardian's Signature (if applicable) Date

Rev. 02/2016