



ポートランド日本語継承学校
Japanese Heritage School of Portland

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

In case of an injury and/or sickness occurs to your child during the school hours and he/she requires emergency treatment, Japanese Heritage School of Portland LLC (JHSP) representative will accompany the child to the nearest emergency room at the parent(s)/ guardian(s)'s expense. This consent form is provided for the parent(s) or guardian(s) to authorize JHSP to obtain emergency medical treatment if necessary. Please make sure to enter all requested information and your signature(s) after reading and understanding thoroughly.

I/We, _____ of _____
Print Name(s) City State

do hereby state that I am/we are the parent(s)/guardian(s) having legal custody of _____
Print Name

a minor, age _____, born on _____, who resides with me/us
Birth Date

at _____
Home Address

I/We authorize JHSP in an emergency, when I/we cannot be contacted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and/or treatment, and hospital care, to be rendered to the minor, at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

Dated this _____ day of _____, 201____.
For example, 15th Month

Signature
Home Phone: () _____ - _____
Cell Phone: () _____ - _____

Signature
Home Phone: () _____ - _____
Cell Phone: () _____ - _____

Emergency Persons in case Parent(s)/Guardian(s) cannot be reached:

First Contact Name: _____ Relationship: _____

Primary Phone: () _____ - _____ Secondary Phone: () _____ - _____

Second Contact Name: _____ Relationship: _____

Primary Phone: () _____ - _____ Secondary Phone: () _____ - _____

Physician's Name: _____ Phone: () _____ - _____

Address: _____

Child's Allergies: _____

Other Medical Conditions of the Child: _____

Medication Child is Taking: _____

Insurance Holder (Parent/Guardian) Name: _____

Employer: _____ Work Phone: () _____ - _____

Employer Address: _____

Primary Medical Insurance: _____ Phone: () _____ - _____

Insurance Company Address: _____

Insurance Policy Number: _____