

**MINATO SCHOOL**  
**STUDENT MEDICAL AND PERSONAL INFORMATION AND AUTHORIZATIONS**

幼稚部・小学部・中学部・高等部      年      組      みなと学園での氏名\_\_\_\_\_

**Student's Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_

**Parents/Guardian's Name:** \_\_\_\_\_

**Student's Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**Date of Birth:** Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

**Phone Numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Address:** \_\_\_\_\_

**Emergency Contacts:**

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

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

**Student's Doctor:** Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Primary Insurance Carrier:** \_\_\_\_\_

Phone: \_\_\_\_\_ Policy & Member ID No. \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY TRANSPORTATION AND MEDICAL CARE:**

I hereby authorize Minato School (and its staff) to consent to, authorize, provide or arrange for ambulance or other transportation as may be reasonably necessary for my child to obtain treatment in the event of an emergency. In the event I cannot be immediately contacted, I further authorize Minato School (and its staff) to consent to and authorize any medical or surgical procedures, outpatient or inpatient hospital care, treatment, examination and diagnosis procedures (including x-rays), administration of anesthetics and medications, and related medical procedures, which are deemed necessary or advisable by a licensed medical professional to care for my child's health. I agree that I will be responsible for all costs incurred for medical care or transportation for my child.

I understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of Minato School (and its staff) to give specific consent to any all such procedures, care, diagnosis, treatment and administration of medications that the licensed medical professional may deem advisable.

**AUTHORIZATION FOR EMERGENCY EVACUATION:**

I hereby authorize Minato School (and its staff) to evacuate my child to an area deemed safe by Minato School (and its staff) in the event of an earthquake, fire or any other emergency situations. I agree to promptly pick up my child from the designated area upon notification from Minato School.

**MEDICATIONS FOR CHILD:**

If my child is taking any medications, I understand and agree that Minato School is NOT responsible for administering the medication, and that I am required to make all necessary arrangements for administering the medications for my child. (Note: Minato School will help administer epinephrine auto-injectable

medication (e.g. EpiPen®) to a child in case of an anaphylaxis emergency ONLY if the following forms have been completed, signed and provided to Minato School:

- (1) This Student Medical and Personal Information and Authorizations form;
- (2) Student Medical History Form;
- (3) Consent to Administer Prescription Auto-Injectable Epinephrine;
- (4) Physician's Recommendations for Auto-Injectable Epinephrine Medication; and
- (5) Authorization for Use or Disclosure of Health Information (Related to Administering Epinephrine Auto-Injectable Medication).

**ILLNESS AT SCHOOL:**

If my child complains of illness and does not feel well enough to attend class (with or without agreeing to rest in the staff room for a short while) I agree to promptly pick up my child upon notification from Minato School.

**DURATION OF CONSENTS AND AUTHORIZATIONS**

I understand and agree that my consents and authorizations stated in this form will remain effective until May 31, 2019 unless I revoke them sooner by providing a written notice to Minato School stating that I revoke all or any of these consents and authorizations.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name Printed:** \_\_\_\_\_

**The information in this form must be updated every year by the parents/guardians and the parents/guardians must promptly report any changes in this information to Minato School.**