



Orange Coast Gakuen, Inc. EMERGENCY CONTACT FORM

Student Name: _____ Age: _____
Last First Middle

CONTACT AND RELEASE INFORMATION

The following individuals are authorized to pick this student up from school (include parents and guardians). At least one parent or guardian MUST be available while school is in session. Note that we may request a photo for all individuals listed, for security purposes.

In cases in which you need someone not on this list to pick up your child, you will need to send a written, signed note to the school.

Full Name: _____ Relationship to student: _____

Cell Number: _____ Home Number: _____ Work number: _____

Full Name: _____ Relationship to student: _____

Cell Number: _____ Home Number: _____ Work number: _____

Full Name: _____ Relationship to student: _____

Cell Number: _____ Home Number: _____ Work number: _____

Full Name: _____ Relationship to student: _____

Cell Number: _____ Home Number: _____ Work number: _____

INSURANCE AND MEDICAL INFORMATION

Family Physician: _____ Phone Number: _____

Hospital or Medical Group Name: _____

Health Insurance Co.: _____ Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

Please list all known allergies and/or other significant medical information. List all restrictions:

MEDICAL AUTHORIZATION Should it be necessary for my child to have medical treatment and I cannot be reached. I hereby give the Orange Coast Gakuen, Inc. personnel permission to use their best judgment in obtaining medical services for my child. And I shall not hold liable the Orange Coast Gakuen, Inc. or any adults in charge for medical aid rendered. Also, I understand that costs incurred for such treatment shall be my sole responsibility. I will notify the Orange Coast Gakuen of any changes in the above medical information.

Parent/Guardian's signature Print Name Date

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