





Permission Slip

I hereby give PAL International School permission to take my child (name): \_\_\_\_\_ on a **field trip** or daily walks to the **park**.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PAL** International School has a web site at [www.pal-school.com](http://www.pal-school.com). On the web site will be information about our school for promotion purposes. To highlight the unique features of our school, we would like your permission to use your child's photograph on the web.

Of course, **no reference** would be given to your **child's name** or **address**.

I \_\_\_\_\_ give my permission for  
parents or guardian's name

PAL International School to use my child \_\_\_\_\_'s  
child's name

photograph for promotional purposes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



3-chome 7-15 Nishi-Azabu Minato-ku

Tokyo Japan 〒106-0031

**TEL 03-5770-8166**

**FAX 03-5770-8167**

<http://www.pal-school.com>

**e-mail info@pal-school.com**

**Emergency Medical Form**

<b>Child's Name</b>			
Home Address			
Home phone		Father's work phone	
Cell phone		Mother's work phone	
e-mail address			
<b>The parent to be called in case of emergency:</b>			
	<b>Name</b>	<b>Cell Phone</b>	<b>Relationship</b>
1 <sup>st</sup> choice			
2 <sup>nd</sup> choice			
<b>Please give the name of another person in case parents cannot be reached:</b>			
	<b>Name</b>	<b>Phone</b>	<b>Relationship</b>
1 <sup>st</sup> choice			
Address			
2 <sup>nd</sup> choice			
Address			
<b>Physician to be called in case of emergency :</b>			
	<b>Name</b>	<b>Phone</b>	
1st choice			
2nd choice			
<b>Please list below any medical conditions we should know about, including medications taken regularly. This information would be given to a doctor in case of an emergency.</b>			
<b>Signature</b>			
<b>Date</b>			



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e-mail: [info@pal-school.com](mailto:info@pal-school.com)

## Vaccination Chart

Name:	
Date of Birth: (     /     /     )	Age:     year/s     months
Vaccinations	Date Given
Haemophilus Influenzae Type B	(     /     /     )
Pneumococcal	(     /     /     )
Hepatitis B Virus	(     /     /     )
Diphtheria, Pertussis, Tetanus, Polio	(     /     /     )
BCG	(     /     /     )
Measels, Rubella	(     /     /     )
Varicella	(     /     /     )
Japanese Encephalitis	(     /     /     )
Diphtheria, Tetanus	(     /     /     )
Human Papilloma Virus (HPV)	(     /     /     )
*Influenza	(     /     /     )
*Rota Virus	(     /     /     )
*Mumps	(     /     /     )
Other Information (reactions or reason for missing vaccination etc)	
Allergy Information: (kindly provide detailed information)	
Parent's Signature:	
Date Signed:	