



PAL International School

Spring School 2022

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EMERGENCY MEDICAL FORM

Child's Name				()Male ()Female
Home Address		Date of Birth (yyyy/mm/dd)		Blood Type: () A () B () O () AB () Rh+ () Rh-
Home Phone		Father's Work Phone		
Cell Phone		Mother's Work Phone		
E-mail Address	1.		2.	

The PARENT to be called in case of EMERGENCY:

	Name	Cell Phone	Company Name	Relationship
1 st choice				
2 nd choice				

Please give the name of another person in case parents cannot be reached:

	Name	Phone		Relationship
1 st choice		A	B	
Address				
2 nd choice		A	B	
Address				

Physician to be called in case of emergency :

	Name	Hospital Name/ Clinic	Phone
1st choice			
2nd choice			

Please list below any medical conditions (Allergy, convulsions etc.) we should know about, including medications taken regularly.

This information would be given to a doctor in case of an emergency.

Medicines taken with adverse reaction

Who will pick-up child in case of emergency	Relationship to Child	Contact Number	Method of Transportation	Travel Time