



**Fukuoka International School**  
**18-50, Momochi 3-chome Sawara-ku, Fukuoka 814-0006**  
**Japan**



## EMERGENCY MEDICAL PERMISSION FORM

Please read the following school policy on emergencies, and sign the consent form below if you agree to the arrangements.

It is always possible that a child may have an urgent need for a doctor during school hours. In case of emergency, the school will immediately call a local doctor and inform him/her that a child is being brought in. The doctor will then see that the proper care is administered to the child or will refer us to some other doctor. Parents will be responsible for the expense.

The list of doctor's offices are as follows:

|                    |              |   |              |
|--------------------|--------------|---|--------------|
| Kuroda Clinic      | 092-846-4466 | Shibao Clinic                           | 092-845-1122 |
| Yoshimura Hospital | 092-841-0835 | Int'l Clinic Tojinmachi                 | 092-717-1000 |
|                    |              | (English/German/French, Dutch, Chinese) |              |

Recognizing the right of each parent to determine how and what medical treatment is given to their child, the school will make this arrangement only if you approve. Since it might be impossible to contact you immediately in case of an emergency, we are asking that you sign the following statement of permission at this time and return it to the school. All efforts will be made to contact the parents in the event of an emergency or serious illness.

With regard to medicine, the teacher will not give a child any form of medicine that is to be taken orally, including aspirin. If your child is required to take prescribed medicine while at school, please send a note to the office with specific instruction as to time and amount to be taken.

病気、怪我時の緊急の措置について以下の内容をご理解いただいた上、同意される場合は、ご署名下さい。

授業中に緊急に医師の診察を必要とする場合、学校は、地域の医師に連絡し、生徒を病院に連れていきます。医師により診察、あるいは医師の判断で他の病院を紹介されることもあります。お支払いは、保護者の方の責任でお願いします。これらの措置は保護者の同意により行われますが、緊急時に保護者の方と連絡がとれない場合を考慮し、下欄の署名をいただいて承諾の代わりとします。緊急時、または、深刻な病状の場合は緊急時連絡先に最善を尽くして連絡致します。薬に関しては、学校では教師は、アスピリン等の飲み薬は一切与えませんので、学校にお薬を持参する際は服用する時間と量を書いた届けを事務所まで提出してください。

### MEDICAL CONSENT 医療措置についての同意書

I give permission to the Fukuoka International School to take my child/ren to a local doctor's office for medical treatment in case of emergency. 私は、緊急時に私の子供が医師の診察を受ける事を許可いたします。

Child/ren's Names 生徒名

Medical coverage policy ' number 健康保険証名と番号

|       |       |
|-------|-------|
| ----- | ----- |
| ----- | ----- |
| ----- | ----- |
| ----- | ----- |

Parent's Signature: 保護者署名 \_\_\_\_\_ Date 日付 \_\_\_\_\_

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