

## Princeton Community Japanese Language School Emergency Form

<b>Class</b>			
<b>Name of Student</b>		<b>Date of Birth</b>	<small>Month      Date      Year</small>
<b>Name(s) of Parents</b>			
<b>Address</b>	<small>No. &amp; Street</small>	<b>Phone:</b>	
	<small>City      State      Zip</small>	<b>E-mail:</b>	
<b>Name &amp; Class of Siblings:</b>			
(1)	Class		
(2)	Class		
(3)	Class		
(4)	Class		
<b>Family Doctor</b>			
Dr.	Tel. No.		
Dr.	Tel. No.		
<b>Allergies of Student</b>			
Food:			
Drugs:			
Other:			

<b>In case of emergency, please call</b>	
(1) Name	Tel. No.
(2) Name	Tel. No.
<p><b>If I cannot be reached in the event of an emergency, I give consent to have my child,</b></p> <p>_____</p> <p style="text-align: left; margin-left: 20px;"><small>Name of Student</small></p> <p><b>treated at The Medical Center at Princeton.</b></p> <p>_____</p> <p style="display: flex; justify-content: space-between;"><small>Signature</small>      <small>Date</small></p> <p><b>I understand that the PCJLS and Rider University cannot be held liable / responsible for any injury/damage to myself or any family member while attending PCJLS.</b></p> <p>_____</p> <p style="display: flex; justify-content: space-between;"><small>Signature</small>      <small>Date</small></p>	