

Princeton Community Japanese Language School Emergency Form

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

In case of emergency, please call	
(1) Name	Tel. No.
-----	-----
(2) Name	Tel. No.
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<p>If I cannot be reached in the event of an emergency, I give consent to have my child,</p> <p>_____</p> <p style="text-align: left; margin-left: 20px;"><small>Name of Student</small></p> <p>treated at The Medical Center at Princeton.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"><small>Signature</small><small>Date</small></p> <p>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.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"><small>Signature</small><small>Date</small></p>	