



# Marist Brothers International School

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Dear Parents/Guardians,

January 26, 2015

In reference to the Upper School Orientation Ski trip to Yabu on February 12 and 13, please complete the following health questions. Parents may decide whether to send their child on this trip with their current Japanese medical insurance card. Please note that if you choose to send your child with the insurance card, it will be your child's full responsibility to carry and store the card in a safe place. The information provided here will be kept strictly confidential and will only be used in case of an emergency. Please return this form to Mr. Lipp or Mrs. Shimomura by February 6. Thank you for your understanding and cooperation.

中高校生オリエンテーションの一泊SKI旅行(2月12日~13日)に際し、問診票にご記入後、2月6日までにミスター・リップ又はミセス・シモムラまで提出してください。健康保険証は、保護者様の判断でお子様を持たせてあげてください。健康保険証を持っていかれる場合は、お客様の自己責任での管理となりますので、ご注意ください。下記に提供された情報は、厳重に管理され、緊急の場合のみに利用されます。ご理解とご協力をいただき、ありがとうございます。

|  |              |   |  |
|--|--------------|---|--|
| Name of student<br>生徒氏名:   | Grade<br>学年: | Date of Birth: _____<br>生年月日 (MM/DD/YYYY) | Blood type (if known):<br>血液型 (判明している場合) |
| Does your child have any medical concerns, such as asthma and diabetes, of which Mr. Lipp should be aware? 持病の有無<br>If yes, provide relevant details in the space provided. →<br>あれば病名・病状を詳しくご記入ください。 →  |              | Yes ある                                    | No ない                                    |
| Does your child have allergies or sensitivities to a specific food, medication, insects, or other source?<br>アレルギーや過敏反応(食品・薬含む)の有無<br>If yes, please name the allergen(s). →<br>あれば何に反応するか記入してください。 →  |              | Yes ある                                    | No ない                                    |
| Is there food that your child cannot eat due to religious reason?<br>宗教上、食べられない食品の有無<br>If yes, please name the specific food that can't be eaten. →<br>あれば食品を記入してください。 →  |              | Yes ある                                    | No ない                                    |
| Does your child carry an inhaler?<br>喘息吸入器を処方されていますか?  |              | Yes ある                                    | No ない                                    |
| Does your child require medication that needs to be given during the course of the day?<br>旅行中に投与しなければいけない処方薬などがありますか?<br>If yes, please provide specific instructions regarding administration of the medication. →<br>あればお薬に関して、詳しい指示をお書きください。 → |              | Yes ある                                    | No ない                                    |
| Does your child need to be asked if they have taken their medicine? 内服が出来たかどうかの確認は必要ですか?   |              | Yes はい                                    | No いいえ                                   |
| If there is any health-related information that you would like to share for this trip, please do so in the space below.<br>その他、お子様のヘルスに関して補足や特記事項があれば、記入をお願いします。   |              |   |  |
| Are you planning on sending your child on this trip with the Japanese medical insurance card?<br>お子様に健康保険証を持たせますか?   |              | Yes はい                                    | No いいえ                                   |

### Permission Granted To School ・ 保護者承諾書:

You have my permission to assist/supervise my child in taking the medications listed above. In the event of an emergency or serious illness, you have my permission to obtain any emergency care necessary to ensure my child's well-being while on this trip. In case of questions or concerns for my child, I may be reached by phone at this number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ during trip hours. In case of illness or injury where it is required for my child to return home earlier or later than scheduled, I agree to pay the extra expenses, such as transportation fees, in full.

引率者が、私の子供に上記に記した処方薬を指示に応じて投与する事を許可します。緊急事、および子供の様態不良の際は、引率者の責任にて適切な処置を施すこと、または病院で治療をうけることを許可します。子供のことで質問がある場合は、この番号 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ に連絡して下さい。急病やけが等で、予定より早く、もしくは遅く帰宅する場合にかかる費用(交通費など)は、全額、保護者負担となります。

\_\_\_\_\_  
Parent/Guardian's Signature 保護者署名

\_\_\_\_\_  
Date (MM/DD/YYYY) 日付