

記入日：西暦 年 月 日



緊急連絡先登録用紙（緊急連絡票） / Emergency contact information registration form

本紙にて登録された内容は、園児の急病・ケガ等 緊急連絡・受診を行う場合、天災時に使用し、避難の際には持出すことがあります。個人情報情報は緊急の目的以外には使用せず、不要になったら破棄します。
The information registered on this form will be used in the event of a sudden change in your child's health, injury, emergency, need for a medical examinations, or natural disasters, and may be taken from the preschool in an emergency evacuation. Your personal information will only be used for emergency purposes and will be destroyed when no longer needed.

Child's personal information form including fields for Name in katakana, Child's Name, Gender, Date of Birth, Home Address, and Phone Number.

緊急連絡先 /Emergency contact information

Emergency contact information form with two columns for contact details, including Name in katakana, Guardian's Name, Relation, Phone Number, and Name of Company and Add.

遠隔地連絡先 /Relative contact information

Relative contact information form with two columns for contact details, including Name in katakana, Name, Relation, and Phone Number with options for Home, Mobile, and Work.

保健情報 /Health insurance information

Health insurance information form including fields for Health insurance #, Type (National Health, Social, Fraternal insurance), and Any other Medical Insurance, plus a Remarks section.

かかりつけ医 /Family Doctor

Family Doctor form including fields for Pediatric clinic, Ophthalmic clinic, and Dental clinic.