**Health Insurance Card Form**

**Session Attending**：  **Session(s)**

**（Please write the appropriate number(s)）**

**Name: Sex: M F**

**Grade:**

**Pick-up location: (✔ one )**

**Camp location Ikebukuro (taking bus) Izu-Taga Station**

**Health Concerns**（Write only information that is NOT requested to be inputted into SCOA’s database during registration, e.g., if the camper got injured or recovered from sickness recently）

**Emergency Contact**

**#1　Name : 　Relationship :**

**Tel :**

**#2　Name : 　 　Relationship :**

**Tel :**

**＊*Please attach a copy of an insurance card on the back of this sheet.***

**If you do not have a Japanese insurance card, please write “No Japanese Insurance Card” on the back.**