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.