

# 緊急治療同意書

## Consent for Emergency Treatment

Public Health exclusion guidelines より、お子様に以下のような症状が見られた場合には、International Learning Academy へ登校させないでください。

Vomiting: two or more times in 24 hours.

Body rash: especially with a fever or itching

Lice or scabies: Head lice: until no nits are present. Scabies: until after treatment is begun.

Diarrhea: 3 or more watery stools in 24 Hours

Eye infection: thick mucus or pus draining from the eye.

Sore throat: with fever or swollen glands.

Sick appearance, not feeling well: unusually tired, pale, lack of appetite, confused or cranky.

Fever: temperature of 100° F or more as read under arm accompanied by one or more of the following: diarrhea or vomiting/ earache/ headache/ signs of irritability or confusion/ sore throat/ rash/ fatigue that limits participation in daily activities.

International Learning Academy でお子様の具合が悪くなった場合、速やかに保護者の方に電話連絡しますので、できるだけ早くお迎えにいらしてください。また、そのような緊急時のため、常時電話連絡が取れるようご協力をお願いします。

スタッフが緊急を要すると判断した場合、最寄りの医療機関を受診していただきます。その際、保護者の同意が必要になりますので、事前に必ず **Consent for Emergency Treatment** に必要事項を記入した上で、提出してください。

## Consent for Emergency Treatment

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's name \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

Mother's name \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

List Child's Allergies and Medical Conditions \_\_\_\_\_

I hereby give permission for my child to be given emergency treatment by a qualified staff member of International Learning Academy. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, hospital, or 911 emergency personal when deemed immediately necessary or advisable by a physician to safeguard my child's health.

In the event of an accident or illness while being involved in class related activities, students will hold the teacher and International Learning Academy harmless. The teacher and International Learning Academy do not assume liability for personal property.

Parent/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_