

Please choose the right one and fill the information below.

Health Information	1. Chronic Condition (if any) Name of Disease () How to Handle () Prescribed Medicine () 2. Non to care about
Allergy Symptoms	1. YES 2. NO Symptoms () *Please submit the "allergy notification form" beforehand
Medical Care and Treatment	If there is a part where the participant need a medical care or treatment, will the guardian agree to this medical treatment. 1. YES 2. NO If circle "NO" please advise the reason ()
Prescription	1. YES 2. NO *Procedure ()
Use of Non-prescribed Medicine	1. YES 2. NO 3. Others () * Central Sports staff to give the non-prescribed medicine to participant if needed
Motion Sickness	1. YES 2. NO
Assistance for restroom at night	1. YES (around what time) 2. NO
Parcel Service	Will you use the parcel service to send baggage to the destination? 1. YES 2. NO *Amount () *Types () *Colors () *Name of Parcel Service () Tracking No () Please use the service for round trip delivery only.

----- For Staff Use -----

<ツアー中の様子> (/ : 現在)

症状	有無	特記事項
発熱	あり・なし	
嘔吐	あり・なし	
鼻血	あり・なし	
切り傷	あり・なし	
打ち身	あり・なし	
その他	あり・なし	

確認印 (引率者用)
