

保護者記入用  
For Parent use only

## 情報提供書

Permission Slip to Attend School

園児名/Child's Name (年齢/Age) \_\_\_\_\_ ( )

病 名/Name of Disease \_\_\_\_\_

下記医療機関にて診察・治療の結果、登園停止措置の必要はなく、引き続き登園可能と認められました。

I hereby certify that the child's disease written above is given diagnosis by the Physician stated below and is not subject to suspension from school and he/she can continue to attend school.

Today's Date: \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日  
( Year / Month / Day )

受 診 日

Check-up date

受診医療機関名

Name of Medical Institution

保 護 者 名

Parent's Name

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