

For Parents

Out-of-school Activity Survey Form

★ Out-of-school Activity Survey Form Grade Number Student's name

Parent's name _____

Date : Month Day

1 Put \bigcirc in \times () s.

() Did you have a good sleep last night? () Did you eat breakfast?

() Do you have the normal body temperature today?

() Do you feel any pain? Do you have any health problem?

(If YES, provide more detail : _____)

2 Participation

※We may cancel your child's participation depending on her/his conditions.

() Yes, I will participate in the event.

() No, I will not participate → (What should school do?)

3 If you have another emergency contact just for this day

(Name	Relationship) Contact (
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For Students

Out-of-school Activity Survey Form

Month	Day	Grade	Class	Name
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Item	Yes	No
I slept well last night.		
I had breakfast this morning.		
I have no fever today.		
Do you have a headache / stomachache / pain in the body? 痛みある		
I brought everything I need.		
【Other things you want to tell teachers】		
I will participate () I will not participate ()		