

**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 ○ in × ( ) 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 ( \_\_\_\_\_ )

**For Students****Out-of-school Activity Survey Form**

Month \_\_\_\_\_ Day \_\_\_\_\_ Grade \_\_\_\_\_ Class \_\_\_\_\_ Name \_\_\_\_\_

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 ( )