

Dear guardians:

Kanazawa City Board of Education

Principal of Kanazawa City () Elementary
Jounior High School

**Re: Treatment of “school diseases” for children who are applying
for a school expense subsidy (public assistance) (questionnaire)**

As a result of the health check and health consultation carried out for your child, he/she is suspected of having a school disease, and a diagnosis by a specialist is recommended.

You are currently applying for a school expense subsidy for your child; if your child is approved as a recipient, “treatment expenses for school diseases” will be provided by Kanazawa City.

However, the approval will be determined in mid-July. If you would like to start treatment before you receive approval for the subsidy, **you can obtain a “temporary approval” and a “healthcare card” for treatment by submitting a “pledge” (for the payment if you are not granted approval).**

We would like to know how you would like to proceed with regard to treatment of the school disease, so that we can provide you with the necessary documents. **Please complete and submit this form by (Date).**

* If you would like to receive support for the treatment, you will need a “notice of treatment from school” and a “healthcare card”. **You cannot ask for reimbursement of treatment expenses after treatment.**

[School diseases]

Carious teeth
Otitis media, chronic sinusitis, adenoid, parasite disease
Trachoma, conjunctivitis
Ringworm, scabies, impetigo

..... Cut here

Treatment of the school disease (Circle the appropriate letter)

- A. Treatment before approval** → We will give you the pledge form. Fill it out and submit it.
- B. Treatment after approval** → Please wait until mid-July for the notice of approval.
- C. No need for a medical-expense subsidy**

Grade / Class: (grade) (class)

Name of student: _____

Name of guardian: _____