Letterhead

Date

To Whom it May Concern,

In the case of there is an emergency while Student Name attends the Juntendo University Clinical Observership Program please contact the following person:

* Name
* Position
* Department
* Phone Number, Email Address

In the event there is a change to the emergency contact person, Institution Name will provide an updated contact person.

Signature and Stamp

Name of The Person Who Signed The Letter

University Name

Office Name

Address

Phone Number

Email Address