Chicago Futabakai Japanese School Day-School Field Trip Parent/Guardian Permission Form

(parent/guardian signature)	(date)
(emergency contact number).	
In the event of an emergency, please contact:	(emergency contact) at
at: (parent/guardian phone number).	
activities and give my child my full consent to participate. During the time	e of the trips, I may be reached
every effort to arrange for safe transportation and supervision. I am awa	re of the nature of the potential
My child has my consent to participate, with the understanding that the	school personnel will make
site for the school year.	
attend school events/ field trips that require transportation by bus to a lo	ocation away from the school
I, the parent/guardian of (child's na	me) give consent for my child to

In granting permission, I hereby expressly waive my claim for liability against Chicago Futabakai Japanese School, including its employees and representatives and release them from liability in connection with this trip. Further, I assume full responsibility for any damage to persons and/or property caused by my student. I further expressly agree that in the event disciplinary action may be necessary, my child may be returned home at my expense. Further, in case of emergency or injury to my student, I hereby authorize the school to act in the best interest of my student. I further consent and will be responsible for any medical and/or dental treatment that may be advisable at the discretion of any physician or dentist. I understand that I will be personally notified if it becomes for my student to be returned home and/or require health treatment.

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※お子様が校外学習に参加することへの親の同意書です。

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i, the parent/guardian of _	ICHIKU	FUIMBM	(child's name	e) give consent for	my child to attend
school events/ field trips th	nat require tran	sportation by	bus to a lo	cation away from	the school site for
the <u>2023</u> school yea	ır.				
My child has my consent to every effort to arrange for	•			·	
activities and give my child	•	·			·
at: 親の電話番号 (pd	arent/guardian phone	number).			
In the event of an emerger	ncy, please cont	act: 緊急時	非に連絡が	取れる方の氏名	_ (emergency contact) at
緊急時に連絡が取れる方	の電話番号	(emergency contac	ct number).	※緊急連絡先は	親でも可です。
(parent/guard	ian signature)				(date)

以下は、お子様の緊急対応についての親の同意です。対応する医療機関等へ示すものです。

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