



*JHC FOUNDATION INC.*  
グリーニッチ国際学園  
**GREENWICH KOKUSAI GAKUEN**  
521E. Putnam Ave. Cos Cob, CT 06807  
TEL: 203.629.5567 FAX: 203.629.3985  
www.greenwichkokusai.org E-mail: info@greenwichkokusai.org

## AUTHORIZATION FORM 2016-2017

### **EMERGENCY TREATMENT RELEASE**

In the event I cannot be reached in case of an emergency affecting my child at school or going to and from school, I hereby give permission to my physician as listed in the school records or, if unavailable, the physician selected by the school director of Greenwich Hospital, to administer proper treatment to my child.

DATE: \_\_\_\_\_ PARENT'S SIGNATURE: \_\_\_\_\_

In the event we cannot reach you when your child is ill, please write in the names and the phone numbers of your relatives or friends whom we may be able to contact.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### **AUTHORIZATION FOR SCHOOL TRIPS**

I give my child \_\_\_\_\_ permission to leave the school premises for school  
(child's name)  
sponsored trips.

DATE: \_\_\_\_\_ PARENT'S SIGNATURE: \_\_\_\_\_

### **PERMISSION TO REMOVE CHILD**

In the event the parent or the guardian does not pick up the child, and I cannot be reached, please contact:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### **FOR FAMILIES PROVIDING THEIR OWN TRANSPORTATION:**

The following persons are authorized to pick up my child from school:

\_\_\_\_\_  
\_\_\_\_\_