



JHC FOUNDATION INC.
グリーニッチ国際学園
GREENWICH KOKUSAI GAKUEN
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AUTHORIZATION FORM 2014-2015

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:

