

**EAST SAN GABRIEL VALLEY JAPANESE COMMUNITY CENTER GAKUEN
CONSENT & RELEASE**

Student Name: _____

If student becomes ill or is injured at school and parent/guardian cannot be reached, ESGVJCC Gakuen has my permission to contact and release my child to the custody of the following individuals:

Name	Relationship	Phone Number
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Physician Name: _____ Physician's Phone #: _____

Physician's Address: _____

Health Insurance Co.: _____ Policy or Group #: _____

Known Allergies: _____

All conditions for which the child is currently receiving treatment: _____

Any other significant medical information & specific instructions: _____

Medical Treatment Consent

I grant authorization and consent for ESGVJCC Gakuen to administer general first aid treatment for any minor injuries or illnesses experienced by the student. If the injury or illness is life threatening and/or student is in need of emergency treatment and the school is unable to reach me, I hereby authorize ESGVJCC Gakuen to seek any and all professional emergency personnel to attend, transport, and to issue consent any and all medical treatment and/or hospital care deemed advisable by, and rendered under the general supervision of any licensed physician or other medical professional or institution duly licensed to practice in California. This authorization is given in advance of any such medical treatment to empower the agents to give consent for such treatment, as the physician may deem advisable (Section 25.8 of the Civil Code of California). I release ESGVJCC, ESGVJCC Gakuen, its board members, employees, and volunteers from any and all claims, demands, actions or causes of action related to the said treatment. I understand that I am fully responsible for all expenses resulting from any such action. This authorization shall remain effective during the enrollment of my child at ESGVJCC Gakuen.

Photo Release

As a parent/guardian of this student, I hereby grant permission to ESGVJCC and ESGVJCC Gakuen to take and to publish in print, electronic, or video format the likeness or image(s) of my child for publicity, promotional and/or educational purposes including, but not limited to printed publications or materials, electronic publications, or websites, in perpetuity unless I revoke this authorization by notifying the Gakuen office in writing. I consent that all photographs/images/videos taken shall be the property of ESGVJCC Gakuen, and they shall have the right to distribute, duplicate, reproduce, and make other uses without compensation to me and without any claim whatsoever on my part against ESGVJCC Center and ESGVJCC Gakuen, its officers, members, teachers, employees, volunteers or against any other person other than the undersigned.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Name (please print): _____