

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

Student Name: \_\_\_\_\_  
Last M.I. First

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

Name	Relationship	Phone Number
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Name Relationship Phone Number

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 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, 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(ren) at ESGVJCC Gakuen.

**Photo Consent**

I give the ESGVJCC Gakuen permission to publish in print, electronic, or video format the likeness or image(s) of my child. I release all claims against ESGVJCC Gakuen with respect to copyright ownership and publication including any claim related to use of the materials in perpetuity.

**Release**

In consideration of my child(ren) being permitted to take part in all the Gakuen's activities, whether public or private, on the East San Gabriel Valley Japanese Community Center (ESGVJCC) Gakuen premises or any other place in the course of said Gakuen's activities, I hereby expressly waive and release any and all rights which I or my child(ren) may have to maintain my claim or demand whatsoever against ESGVJCC Center and Gakuen, its officers, members, teachers, employees, volunteers or against any other person other than the undersigned or which might ensue as a result of my or my child(ren) being on said Gakuen Premises or otherwise my or my child(ren)'s participation in any of said Gakuen activities. This waiver and release shall remain effective during the enrollment of my child(ren) at ESGVJCC Gakuen.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_