



Mitsui Gardens International Preschool

1-10-5, Akasaka, Minato-ku, 107-8420 Tokyo, Japan

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EMERGENCY AND PICK-UP INFORMATION

Today's date: _____

Child's Name: _____ Birthdate (mm/dd/yy): _____

Mother's Name: _____ Daytime phone: _____

Father's Name: _____ Daytime phone: _____

I, the undersigned, do hereby authorize officials/employees of EWA to contact directly the persons named on this form, if I cannot be reached, I authorize the named medical clinic or physicians to render such treatment as may be deemed necessary for the health of said child.

In the event physicians, other persons named on this form, or parents cannot be contacted, EWA officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child.

I hold harmless and release from liability now and henceforth the Employees Welfare Association (EWA) Employees or agents thereof for damages in the event of unforeseen accident or sudden illness to my child while he or she is attending preschool or summer camp, or other programs offered by EWA.

I understand that I, or my absence my appointed alternate, will be informed of any accident or illness at the earliest possible time.

I will not hold EWA financially responsible for the emergency care and/or transportation of my child.

Who else is authorized to pick up your child? - List all possibilities, including drivers, co-workers, neighbors, etc. Use full names. (Please note that we will NOT release a child to anyone not on this list or later authorized by you in writing):

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

4. Name: _____ Relationship: _____ Phone: _____

Signature

Date