

# NAKAYOSHI GAKKO – Fieldtrip Consent Form

1. Fieldtrip/Excursion Consent form must be signed and completely filled-out, and returned to your child's teacher prior to fieldtrip/excursion date. NO CHILD WILL BE ALLOWED ON THE TRIP UNLESS THEY HAVE WRITTEN PARENTAL PERMISSION, COMPLETE WITH CURRENT CONTACT INFORMATION.
2. If the fieldtrip/excursion is for a full day, children are asked to bring a sack lunch.
3. Fieldtrip/excursion description shall be prepared by Nakayoshi Gakko staff.

The undersigned, the parent/guardian of \_\_\_\_\_  
(student's name)

Grants permission for my child to participate in a fieldtrip/excursion described as follows:

Fieldtrip/Excursion Date: San Jose Nihonmachi (Japantown) - Tuesday, 6/28  
Departure Location/Time: Tour by SJ Japanese American Museum ; depart 9:30  
Estimated Return Location/Time: Leave around noon  
Activities to be undertaken during the fieldtrip/excursion: Start at Issei Memorial Bldg., 565 N. Fifth St. Walking tour to include manju-ya and tofu-ya  
\_\_\_\_\_  
\_\_\_\_\_

I can drive for this event. (Please list how many child passenger seats in your vehicle \_\_\_\_\_)

During the fieldtrip/excursion, the undersigned can be reached at the following:

\_\_\_\_\_  
The following medical insurance would cover any hospital, medical and related costs and expenses in the event of illness or accident of an emergency nature:  
\_\_\_\_\_

Health needs (please initial as appropriate):

\_\_\_\_\_ Child has a special health need(s): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ The following medicine should be given to the person in charge to have along: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ In the event I cannot be reached, I authorize the person in charge to obtain the necessary medical aid from a licensed physician including ambulance service, if needed at my own expense.

I understand that I hold the Mountain View Buddhist Temple ("Temple"), the Temple Dharma School, and Nakayoshi Gakko officers, agents, and employees of these entities, harmless from any and all liabilities and claims that may arise out of or in connection with my child's participation in this activity.

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

Parent/Guardian Name, Address (printed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_