Temporary Guardianship (Out of Town Notice)

Parent (or Guardian) _____

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____

I hereby notify the school that I/we will be away from home starting _____ and returning on _____.

During my/our absence, our contact details will be as follows:

Phone: _____ Email: _____

Dates Contact Tel/Fax/Email Location

During my/our absence, my/our child(ren) will be in the care of the following temporary guardian:

Name of Temporary Guardian _____

Home Telephone _____ Work Telephone _____

Mobile Telephone _____

Relationship of this person to your child/ren _____

The address the child(ren) will be staying at if different from their home address

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Authorization for Emergency Treatment:

I understand that during my absence and in the event of a medical emergency involving my child(ren) the school will make every effort to contact me or my spouse. However, if this is not possible, I understand that the school will contact the temporary guardian named above to act on my/our behalf. If the school cannot contact this guardian or if the guardian is not able to make any decisions, I authorize the school to take appropriate medical measures, including, if deemed necessary, seeking attention from the nearest medical facility. Yokohama International School may also administer non-prescription medication as necessary and in accordance with the drug manufacturer's instructions.

Signature of Parent (or Guardian) _____ Date _____

Acknowledgement of Temporary Guardianship

I hereby agree to be the temporary guardian of the above child(ren) during the absence of his/her/their parents and to act on behalf of the child(ren) in the event of any medical emergency. My contact numbers listed above are correct.

Temporary Guardian:

Print Name _____ Signature _____ Date _____

2-100-1 Kominato-cho, Naka-ku, Yokohama 231-0802 Japan +81(0)45.622.0084 yis@yis.ac.jp www.yis.ac.jp