



## JAPEC International Friendship Program Application Form

<b>Student Name:</b>		<b>Gender</b>	M / F
<b>Home Address:</b>	Post code:		
<b>Telephone:</b>	Home: Mobile: Email:		
<b>School name and year</b>	<b>School:</b>	<b>Year</b>	
<b>Your parents</b>	<b>Mother's name</b>	<b>Father's name</b>	
	<b>Mother's occupation</b>	<b>Father's occupation</b>	
<b>Brothers and sisters / children</b>	<b>Name:</b>	<b>Gender</b> M / F	<b>Age</b> yrs old
		M / F	yrs old
		M / F	yrs old
		M / F	yrs old
<b>Are you studying Japanese at your school?</b>	• Yes How long? (                      ) • No		
<b>What kinds of food do you like / dislike?</b>	<b>Likes:</b>	<b>Dislikes:</b>	
<b>Do you have allergies?</b>	• Yes Details: • No		
<b>Do you take any medication regularly?</b>	• Yes Details: • No		

**Information as of     /     /**

Personal information will be collected from you for the purpose of obtaining student / family details and will be used by JAPEC. Failure to provide this information may result in your application not being able to be processed. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to prospective homestay families/ authorised organisations/ agencies for the purpose outlined above.



Please write a letter about yourself including

1. Your hobbies,
2. Overseas travel experiences
3. Reasons for wanting to participate this program

Dear Japanese Friends

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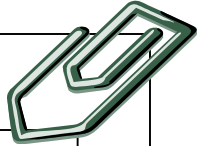
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Please attach a recent  
photograph of the  
student here





## Consent and Medical Form JAPEC International Friendship Program

- This form is to give permission for your child or teachers to attend the Japan Association for the Promotion of English for Children (JAPEC). Homestay in the Kinki region and camp on Awaji Island and to travel in between.
- To provide medical information that might be needed in case of emergency.
- All information is held in confidence.

Excursion Details	Dates From:	To:
Location:	Your country and place ( ) – Osaka, Japan	
Description:	The Japan Association for the Promotion of English for Children (JAPEC) Homestay in the Kinki region and camp on Awaji Island.	
Teacher in Charge:		

- See Excursion Itinerary and Information.

### Personal Details

Student's Name	Grade/Class
Home Address	Date of Birth

### Emergency Contacts

Name	Relationship	Phone Home	Phone Work
1.			
2.			
3.			

Doctor	Phone	Address

### Travel Insurance Policy Company

### Travel Insurance Policy type and policy Number

### Tablets and Medicines

Is your child taking any tablets and/or medicine?

Yes
No

If **Yes** please state name of medication, dosage etc.

- All medicines must be handed to the teacher in charge prior to leaving, with your child's name, the dose to be taken and when it should be taken. (These medicines will be kept by the teacher and distributed as required.)
- Please do not allow your child to keep any medicine while on the camp/excursion.
- If it is necessary for the student to carry his/her own medication, e.g. for asthma, it **MUST** be with the knowledge and permission of both the parent and teacher-in-charge.

**Complete Tetanus Immunization:**

**Yes  
No**

**Date of Last Booster**

Please tick if your child suffers any of the following:

Bed Wetting.....

Fits of any type.....

Heart Condition.....

Dizzy Spell.....

Sleepwalking.....

Asthma.....

Blackout.....

Migraine.....

Travel Sickness

Allergic to:

Penicillin

Any Food

Other Drugs

Bites/Stings

Other allergies

What special care is recommended

Any other relevant information:

**Consent:**

**Medical:**

In the event of accident or illness when it is impracticable or impossible to communicate with me, I understand the teacher in charge will arrange such medical or surgical treatment as may be deemed necessary.

**Participation:**

I consent to my child's participation in this excursion. I have been informed by the school of the arrangements made for the conduct of this excursion. I understand that the excursion includes activities that may involve some risk.

**Expenses:**

I agree to my child's returning home if necessary in the event of illness, injury or non-cooperation, and to pay any expenses involved or to come and collect my child from the excursion.

I agree to reimburse the school for any wanton damage caused by my child.

I agree to reimburse the school for any hospital, medical or ambulance expenses incurred by the school on behalf of my child.

**Signature of Parent/Guardian.** .....

**Date** .....

**Student Declaration**

I agree to observe the rules of the camp and to co-operate with the teachers throughout the excursion.

**Signed:** .....

**Date:** .....

**Personal Information Protection Statement**

Personal information will be collected from you for the purpose of obtaining student details and will be used by the school/ college and the department for managing school excursions. Failure to provide this information may result in your child being unable to attend the excursion. Personal information will be used for the primary purpose for which it is collected and may be disclosed to health care and emergency services in the case of an emergency.