



MITSUI TRAVEL
ABN 55 002 436 017

A Gateway to Japan

JANUARY 2012

Labo International Exchange Programme
Administration Office in Australia
Mitsui Travel Suite 403 Level 4 147 King Street Sydney 2000 Ph 02 9232 2720

LABO EXCHANGE TRIP TO JAPAN
December 14th 2012 – January 6th 2013

CONSENT FORM

As parent / guardian of

I give my consent for him / her to participate in the LABO International Exchange Trip to Japan, organized by the Japanese Language Teachers Association of NSW, and the LABO International Exchange Foundation, and agree to delegate my authority to the chaperone involved.

The chaperones may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group or individually during the above-mentioned trip. In the event of any illness or accidents, I authorise the chaperone to obtain on my behalf such medical assistance as my child might require, and accept all operation, blood transfusions and / or anesthetic risks involved and the responsibility for payment of any expenses thus occurred. I am submitting medical information pertaining to the above student, including all details of limitations which he / she has.

I understand that my Son / Daughter will be accompanied by chaperone on:

Flight departing Sydney JL 772 on December 14th 2012
Flight arriving in Sydney JL 771 on January 6th 2013

I am aware that the student accommodation will be provided by Japanese families carefully selected by the LABO organization. The accommodation will be in the form of individual home stays in Japan and the students will be under the care and control of the home stay families. Students will be in telephone contact with the chaperone should a problem arise. I understand that owing to the individual home stay arrangements it will not be possible for the chaperone to be in continual attendance on student group members.

I give consent for the above-mentioned student to participate in the LABO winter camp and am aware that the student will be accompanied on this occasion (as in

all group activities) by the chaperone, and that they will be conducted to and from the camp by bus chartered by the LABO organisation.

In case of emergency I can be contacted at the following address:

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Telephone number: Work
Home.....
Cell Phone

Signature of parent / guardian:

Date:

**This form should be posted to:
Mitsui Travel Suite 403, Level 4, 147 King Street, Sydney**