

Managing Director
International Exchanges Department
Japan International Cooperation Center (JICE)

Letter of Consent

I presently take medication and regularly receive medical treatment at a medical institution for _____ as described in the Entry Form and the attached medical certificate issued by medical institution.

I understand the health risk which may be increased by my pre-existing medical conditions, when infected with virus during my stay in Japan. However, I still wish to participate in Kizuna (Bond) Project in Japan.

I, hereby, pledge that 1.I would agree on any restriction on my participation in the programme due to my health problem caused by_____

2. I accept the situations where any cost of treatment for any complication due to my pre-existing medical conditions or any illness that I acquire as a result of increased vulnerability of myself will not be covered by medical insurance provided by JICE 3.I observe the instructions given by JICE.

Date _____

Signature _____

*if the participants under the age of 20

Confirmed by _____
(Signature for Parents / Legal Guardians of the participants)

Attachment: A medical certificate issued by the medical institution