



G/F Yuen Fai Court  
10 Sai Yuen Lane  
Sai Ying Pun  
Hong Kong

T. +852 2548 7123  
F. +852 2548 7200

## Parent Permission Slip

I hereby give permission to my child \_\_\_\_\_ to participate in the  
Rainbow Summer Programme 2016 with supervision of Rainbow Project staff.

I would like to enroll my child for:

- ☐ **Week 1: 4<sup>th</sup> July to 8<sup>th</sup> July**
- ☐ **Week 2: 11<sup>th</sup> July to 15<sup>th</sup> July**
- ☐ **Week 3: 18<sup>th</sup> July to 22<sup>nd</sup> July**
- ☐ **Full summer programme (3 weeks): 4<sup>th</sup> July to 22<sup>nd</sup> July**

\*Please call us to find out if you qualify for early bird discount.

Deadline for early bird discount has been extended!

Parent's name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_



G/F Yuen Fai Court  
10 Sai Yuen Lane  
Sai Ying Pun  
Hong Kong

T. +852 2548 7123  
F. +852 2548 7200

## **Rainbow Project Summer Programme 2016**

Full name: \_\_\_\_\_

Birth Date: \_\_\_\_dd\_\_\_\_mm\_\_\_\_yy      Sex: M / F

Mother's Name: \_\_\_\_\_      Father's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Business address: (Father) \_\_\_\_\_

Phone: \_\_\_\_\_      Mobile: \_\_\_\_\_

Business address: (Mother) \_\_\_\_\_

Phone: \_\_\_\_\_      Mobile: \_\_\_\_\_

Please specify if your child is

- currently taking medication: \_\_\_\_\_
- on any special diet: \_\_\_\_\_
- having any type of allergy: \_\_\_\_\_

School authorities will administer first aid in the event when first aid is required. If you have a preferred physician that you want us to contact during emergency, please specify name of physician and contact details.

Name: \_\_\_\_\_      Phone: \_\_\_\_\_

**PERMISSION TO GO HOME:** In the event when a child fell ill at school, and when the child's parents are not contactable. The teacher will call the emergency contact person to arrange for the child to be picked up from school.

Emergency contact person's details:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_      Relationship: \_\_\_\_\_

### **A Brighter Future For Children With Autism**

Rainbow Project Company Limited  
Registered Address: G/F Yuen Fai Court, 10 Sai Yuen Lane, Sai Ying Pun, Hong Kong

### **www.rainbowproject.org**

A charitable institution –  
IR File: No 91/5646



G/F Yuen Fai Court  
10 Sai Yuen Lane  
Sai Ying Pun  
Hong Kong

T. +852 2548 7123  
F. +852 2548 7200

## **RELEASE AUTHORIZATION**

I / We hereby authorize Rainbow Project to release my child to the following person(s).

I / We understand that the project will require written authorization to release my child to any other person(s).

Name

Name

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

In the event that emergency medical care may be needed and neither we (parents) nor guardian can be contacted, I / We hereby authorize Rainbow Project and / or its authorized representative to take my child to the nearest hospital or clinic as may be appropriate under the particular circumstances. I / We agree to hold the project and / or its representative harmless for authorizing treatment and for any costs or expenses resulting from such treatment. I / we also authorize the nearest hospital or clinic, under the particular circumstances, to perform any emergency procedures that are deemed necessary for the emergency treatment of my child.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_