

The Rainbow Project

“The Promise of a Better Future for Children with Autism”

Parent Permission Slip

I hereby give permissions to my child _____ to participate in
Rainbow Project Saturday Programme at the RPLC with supervision of Rainbow
Project staff.

Parent's name: _____ Parent's Signature: _____

Date: _____ Contact Number: _____

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Saturdays @ RPLC

Last name: _____ First 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 taking any medicine _____;

On any special diet _____; Allergic to _____.

Programmer will administer first aid. If necessary, the following physician may be called:

Name: _____ Phone: _____

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EMERGENCY MEDICAL TREATMENT AUTHORIZATION

In the event that emergency medical care may be needed and neither we (parents) or guardian can be contacted, I / We hereby authorize Rainbow Project and / or its authorized representative to take my / our child(ren) to Hong Kong Adventist Hospital or other such hospital 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 / or child(ren).

Signature of Parent or Guardian: _____ Date: _____