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

T. +852 2548 7123
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RAINBOW SUMMER SCHOOL 2017
Response Slip

I hereby give permissions to my child, _____, to participate in the Rainbow Summer School 2017 which is conducted by and under the supervision of Rainbow's teaching staff.

I would like to enroll my child for:

- ☐ **Week 1: 3rd July to 7th July**
- ☐ **Week 2: 10th July to 14th July**
- ☐ **Week 3: 17th July to 21st July**
- ☐ **Full summer program (3 weeks): 3rd July to 21st 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: _____

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Rainbow Summer School 2017

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: _____

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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: _____