CITY UNIVERSITY OF HONG KONG College of Liberal Arts and Social Sciences Internationalisation Activities

Applicants of CLASS Internationalisation Activities who are <u>under the age of 18</u> have to complete the below section:

PARENTAL CONSENT 家長同意書

I ______, parent/guardian* of ______ herewith give permission for my son/daughter* to participate in the above activity. I understand that my son/daughter* will be expected to abide by all applicable laws and rules, the University regulations and/or rules of the organiser of the activity and behave appropriately at all times.

本人_____的家長/監護人*。茲證明允許我的兒子/女兒*參 加上述活動。本人明白我的兒子/女兒*應遵守所有的相關法律法規、大學的規章制度及活動主辦方的規則, 並在任何時候須舉止得體。

I authorise the staff in-charge of the University or person in charge of the activity to consent, where it is impracticable to communicate with me, to my son/daughter* receiving such medical or surgical attention or treatment as may be deemed necessary in case of emergency and medical care is needed.

若因故未能聯繫上本人,而我的兒子/女兒*遇到緊急情況或須接受醫療,本人授權大學主事者或活動主事者可同意讓我的兒子/女兒*接受可能視爲必要之醫療護理或手術治療。

Parent / Guardian's* Signature 家長監護人簽名

Date:_____ 日期:

*please delete as appropriate