



**Summer School Medical Treatment Consent and Authorization Form  
Alison's Letterland Child Care Centre**

I \_\_\_\_\_,

holder of H.K. Identity Card No. \_\_\_\_\_,

Residing at

\_\_\_\_\_

Parent/ guardian of \_\_\_\_\_,

Do hereby authorize registered staff members of Alison's Letterland Child Care Centre, to give consent to, including the signing of necessary documents, on my behalf, the arrangement of any medical and/ or surgical treatment to my above named child by registered medical practitioners in the manner that the medical profession deems necessary, while my child is entrusted to the care of the said child care centre.

In the event of illness or emergency affecting the child, medical advice should first be sought from

\_\_\_\_\_.

Signed \_\_\_\_\_ Parent/ Guardian

Witness by \_\_\_\_\_

Date \_\_\_\_\_