## Po Leung Kuk Social Services Department (Babies Section) Happy Baby Land Temporary Child Care Service

## Consent Form

I,	(I.D. no.:	)
apply for the temporary child care service pro	ovided by the Babies Section for	my son /
daughter	During the time of s	service, if
my son / daughter falls ill or suffers from ac	cute illnesses, I will pick him /	her up as
soon as possible. If I cannot be reached, I a	agree that my son / daughter to	be sent to
the emergency public hospital and is not liab	ole for casualties caused by unco	ntrollable
accidents. I have to pick my son / daughter	up on time, and I will be respo	nsible for
all issues might come up after leaving the Sec	ection. If I fail to pick my son /	daughter
up on time with prior notice, the Section rese	erves the right hand my child to	police or
Social Welfare Department.		
Signature of Parents / Guar	rdian / Trustee :	
ľ	Name of Staff :	
Sign	gnature of Staff:	
	Date :	

Remarks: This form is in duplicate, the original is for documentation and the copy is for the parents / guardian / trustee.