

PARENTAL CONSENT

To : The Organising Chairman
Go Bald 2 – *Help Kids Fight Cancer*
Sarawak Children’s Cancer Society
Kuching

Dear Sir,

Re : **GO BALD 2 – Helping Kids Fight Cancer**

I, _____ hereby consent to my son/daughter
_____ shave his/her head bald in the Go Bald 2 project
organized by Sarawak Children’s Cancer Society to raise awareness of childhood cancer,
provide moral support to cancer patients and to raise funds for Sarawak Children’s Cancer
Society.

I understand and agree that Sarawak Children’s Cancer Society shall not be held responsible
for any injury or actions taken by relevant authorities against my son/daughter as a result of
his/her participation.

Name : _____

IC No. : _____

Date : _____

Signature

SCHOOL/COLLEGE CONSENT

To : The Organising Chairman
Go Bald 2 – *Help Kids Fight Cancer*
Sarawak Children’s Cancer Society
Kuching

Dear Sir,

Re : **GO BALD 2 – Helping Kids Fight Cancer**

I, _____ hereby consent to my student
_____ shave his/her head bald in the Go Bald 2 project
organized by Sarawak Children’s Cancer Society to raise awareness of childhood cancer,
provide moral support to cancer patients and to raise funds for Sarawak Children’s Cancer
Society.

Our school/college is in full support of his/her participation and will allow him/ser to solicit
for donation to Sarawak Children’s Cancer Society through the Go Bald pledge card in our
school/college.

Name : _____

Signature : _____

Date : _____

Rubber Stamp