

## PARENTAL CONSENT – GOBALD 2024

To: GoBald 2024 Sarawak Children's Cancer Society Kuching

Dear Sir/Ms,

## GOBALD 2024 – Help Kids Fight Cancer

I, \_\_\_\_\_\_ hereby give consent to my son/daughter \_\_\_\_\_\_ to shave his/ her head bald / fundraise for the GoBald 2024 campaign 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: GoBald 2024 Sarawak Children's Cancer Society Kuching

Dear Sir/Ms,

## GOBALD 2024 – Help Kids Fight Cancer

I, \_\_\_\_\_\_ hereby give consent to my student \_\_\_\_\_\_ to shave his/her head bald / fundraise for the GoBald 2024 campaign 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/her to solicit for donations to Sarawak Children's Cancer Society through their GoBald online fundraising page in our school/college.

| Stamp & Signature                  |
|------------------------------------|
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| +60 82 686 376                     |
| administrator@sccs.org.my          |
| ww.sccs.org.my                     |
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