

Parent's Consent Form

Name of Program : 2021 Japanese Summer School In OISCA College

Program Dates : 16th July 2021 to 5th August 2021

Venue : OISCA College for Global Cooperation

Program Content :

Summer School – OISCA College Program 2020 Japanese Summer School Program for high caliber youth of Hong Kong, who will not only study Japanese language and Japanese culture, but also make experience to participate in a variety of extra-curricular activities, such as to make experience traditional Japanese culture for New Year, study of Japanese Language, cultural exchange with foreign students, understanding of environmental education, sightseeing trip to Mt. Fuji, and etc. Certificates will be granted after completion of the Program.

Declaration :

1. I hereby give my consent for medical treatment to be administered to my son/daughter and assume full responsibility for any medical expenses.
2. I agree that my son/daughter will be expected to observe all rules of OISCA College and the Program regulations.
3. I grant permission to OISCA College to use any photograph, video or any other record of the above Program for promotional purposes
4. My son/daughter has the following special health condition (e.g. allergy, asthma, diabetes, etc.) :

I certify that I have acknowledged the above declaration and the health condition of my son/daughter is suitable for the Program. I hereby agree _____(Name of the Applicant) to participate in the Summer School – OISCA College for Global Cooperation.

Parent/Guardian 's Signature 家長/監護人簽署 _____

Parent/Guardian's Full Name (in block letters) 家長/監護人姓名(正楷) _____

Parent/Guardian's Contact 家長/監護人聯絡方法

(Home 住宅) _____ (mobile 手機) _____

(Office 辦公室) _____ (Email 電郵) _____