



# SARAWAK CHILDREN'S CANCER SOCIETY

(PERTUBUHAN KANSER KANAK-KANAK NEGERI SARAWAK)

Lot 5493, Lorong 15, Taman Desa Wira, Jalan Batu Kawa 93250 Kuching  
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## PARENTAL CONSENT

To: Go Bald 2018 – **Help Kids Fight Cancer**  
Sarawak Children's Cancer Society  
Kuching

Dear Sir/Ms,

### GO BALD 2018 – Help Kids Fight Cancer

I, \_\_\_\_\_ hereby give consent to my son/ daughter  
\_\_\_\_\_ to shave his/ her head bald in the Go Bald  
2018 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

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## SCHOOL/COLLEGE CONSENT

To: Go Bald 2018 – **Help Kids Fight Cancer**  
Sarawak Children's Cancer Society  
Kuching

Dear Sir/Ms,

### GO BALD 2018 – Help Kids Fight Cancer

I, \_\_\_\_\_ hereby give consent to my student  
\_\_\_\_\_ to shave his/ her head bald in the Go Bald  
2018 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/ her to solicit for  
donation to Sarawak Children's Cancer Society through the Go Bald pledge card in our school/ college.

Name : \_\_\_\_\_

IC No. : \_\_\_\_\_

Date : \_\_\_\_\_

Stamp