

**Man Kiu Association Primary School      Letter of Authorization      Class No: (    )**

**2011/2012**

Pupil's Name		Sex		Class		Date of Birth	/ / yyyy mm dd
Address						Tel No.	
						Emergency contact Tel.	
						No.	
<p align="center">In the case of the above pupil has accident, gets hurt or sudden illness and I cannot be contacted, I authorize the teacher of Man Kiu Association to send my child to a public hospital for cure.</p> <p align="right">Parent/Guardian's signature: _____</p> <p align="right">Date:        yyyy        mm        dd</p>							

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