

DELIA MEMORIAL SCHOOL (BROADWAY)Notice to Parents / GuardiansDate: 13th February, 2019

Dear Parent / Guardian,

St John Certificate in First Aid Course

Your child / ward has been selected for the St John Certificate in First Aid Course. The detail as follows:

	Date	Time	Venue
Lessons	23-26 th Apr 2019	09:00-17:00	School (Broadway)
Exam	11 th May 2019	14:30-18:00	School Gymnasium (Broadway)

Courses Fee: \$100 (non-refundable)

Please sign the letter appended below as an agreement for your child / ward to contest in the events. The signed letter should be returned to Mr. Ling Kwok Ho on or before **15th February, 2019**.

Yours faithfully



K.C. Lo

Principal

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Parent's Agreement Letter (PN_1819_144)Re: St John Certificate in First Aid Course

Date: _____

Dear Principal,

I **agree** my child / ward _____ of S ____ (), to participate in the **St John Certificate in First Aid Course**.

Students should be aware of their health conditions and consider whether it is suitable for them to enroll in this competition. In case of doubt, please consult a doctor prior to the enrollment of competition.

I declare that: I am /My Child is healthy, physically fit, and suitable to participate in the above activity. School shall not be liable for any injury or death which I may suffer in this activity. If the cause of injury or death is due to my own negligence or inadequacy in health and fitness.

Signature of Parent / Guardian: _____

Name of Parent / Guardian: _____