



AUTHORIZATION

I, _____ Legal Guardian
of _____ of Group _____

Declare:

(Please mark your option)

AUTHORIZE	<input type="checkbox"/>
DO NOT AUTHORIZE	<input type="checkbox"/>

My child to participate in outings while a student
at D. José da Costa Nunes Kindergarten.

AUTHORIZE	<input type="checkbox"/>
DO NOT AUTHORIZE	<input type="checkbox"/>

The photographs of my child to be published
during their school attendance

I inform that my child has allergies to:

Food - _____,

Medications - _____.

Macau, ___ of _____ of

Signature of the Legal Guardian