



الجمعية الكويتية لرعاية الأطفال في المستشفى
Kuwait Association for the Care of Children in Hospital

Parental Consent for Volunteers Under 18 Years of Age

I give consent for my child_____ to volunteer with the Kuwait Association for the Care of Children in Hospital (KACCH). I understand that my son/daughter must fulfill the volunteer programme requirements in order to receive a certificate for his/her volunteer participation.

Parent/Guardian Name:	
Parent/Guardian Signature:	
Date:	