



## PARENT/GUARDIAN CONSENT FORM

*For participants below the age of 18 years old*

10 Tannery Lane  
#06-01/02  
Singapore 347773  
Tel: 6922-0100  
www.worldvision.org.sg

Dear Parent/Guardian,

### 30 HOUR FAMINE: HUNGER TRIALS 2019

We are delighted to inform you that your child/ward is keen to make a stand against global poverty and hunger by participating in the 30 Hour Famine: Hunger Trials on **8-9 June 2019**. The 30 Hour Famine Camp is the annual flagship youth education programme of World Vision Singapore. It is an experiential learning camp which allows youth to walk in the shoes of poor and vulnerable children and families in the developing world, and to become sensitised to the difficulties of living in poverty and hunger. Through a series of outdoor and service activities in different parts of Singapore, the Camp aims to raise awareness about global hunger and issues affecting the poor, and to inspire our youth to be compassionate and well-informed advocates for their needs. The Camp has received between 300 and 500 participants from schools across Singapore each year.

As part of the Camp experience, your child/ward will be taking on the challenge of fasting from solid food for 30 hours. A hydration plan will be implemented for all participants to ensure that they consume sufficient fluids over the course of the Camp. In the event that a participant becomes unwell during the Camp, medical attention will be readily accessible.

We seek your permission for your child/ward to participate in the 30 Hour Famine: Hunger Trials 2019. Please fill in the reply slip below so that your child's/ward's application can be confirmed. Thank you for your support!

Yours faithfully,  
Youth Engagement Team

I, \_\_\_\_\_ (Father/Mother/Guardian\*), allow my child/ward,  
\_\_\_\_\_ (Name) of \_\_\_\_\_ (School)

to join the 30 Hour Famine: Hunger Trials 2019 on 8-9 June 2019. I understand that my child/ward will be taking on the challenge of fasting from solid food for 30 hours during the Camp, and that he/she will be expected to adhere to a hydration plan to ensure that he/she consumes sufficient fluids over the course of the Camp. I understand that medical attention will be readily accessible in the event that my child/ward becomes unwell. I will not hold World Vision Singapore responsible in the event that my child/ward becomes unwell during the Camp. I understand that I should ensure that my child/ward is in a suitable state of health before registering for the Camp.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

Parent's/Guardian's Contact: \_\_\_\_\_

(H)

(O)

(Mobile)

**From time to time, we share information regarding the work of World Vision and related events that may be of interest to parents and guardians. If you do not wish to be contacted for this purpose, please tick here:**

*"Our vision for every child, life in all its fullness; Our prayer for every heart, the will to make it so"*

### World Vision International

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