



Letter to Parents: LP2408

10 September 2024

**Consent for participating in Physical Education lessons and
Medical History of Students (2024/25)**

To facilitate a balanced development on ‘Moral, Intellect, Physique, Social, Aesthetics and Spirit’, all students are compulsory to participate in Physical Education lessons. Yet, parents are also reminded to follow doctors’ advice if your child has any known health problems before arranging appropriate amount of physical exertion for him.

To let the school know whether your child is suitable for attending PE lessons and other sports activities and their updated medical history (if any), parents are advised to provide detailed information about their known health condition. If you request exemption or suspension from participating PE lessons and other sports activities for your child, please state the medical reasons and present relevant doctor’s certificate as proof. Please return the reply slip on ‘Consent for participating in Physical Education lessons’ and complete the ‘Medical History of Student’ (Appendix 1) by 23 September 2024. Should there be any change in your child’s health condition, please inform the school as soon as possible.

For enquiries, please contact the school social worker Mr. Lee, Ms Sze or Ms Lam at 2980 2383.

Principal



(Mr. CHEUK Tak Kan Paul)

Reply Slip

Letter to Parents: LP2408

Consent for participating in Physical Education lessons and Medical History of Students (2024/25)

Dear Principal,

- I have read and understood the content of LP2408.
- As I acknowledge, my child is good in health condition, and is suitable for participating in Physical Education lessons, sports activities organized by the School, external organizations, or co-organized by the School and those organizations, and activities requiring appropriate level of physical fitness. Those activities, trainings, or competitions include but not limited to ball games, swimming, water sports, and adventure training.
- Due to medical reasons, I hereby request exemption / suspension (tick the appropriate box) of the abovementioned Physical Education lessons and sports activities. I would present relevant doctor's certificate as proof.
*The requested period of exemption starts from ____/____/____
(DD/MM/YYYY) to ____/____/____(DD/MM/YYYY) (if applicable).

Name of Student (English): _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

*** Please return the reply slip by 23 September 2024.**

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Appendix 1

(for the completion of parent / guardian on voluntary basis)

Medical History of Student

(Restricted – The information provided will only be used for the purpose of the student’s health reference)

Name of Student: _____ Class: _____
 Date of Birth: _____ Name of Parent/Guardian: _____
 Emergency Telephone Number: 1. _____ 2. _____

- No declaration on known disease
- Declaration on known disease is stated below

1. If the student has ever had the medical condition(s) below, please put a “✓” in the appropriate box(es) and give details.

	Age detected	Details of Disease	Recommended treatment (if applicable)
<input type="checkbox"/> G6PD deficiency			
<input type="checkbox"/> Bronchial asthma			
<input type="checkbox"/> Epilepsy			
<input type="checkbox"/> Fits due to fever			
<input type="checkbox"/> Kidney disease			
<input type="checkbox"/> Heart disease			
<input type="checkbox"/> Diabetes mellitus			
<input type="checkbox"/> Hearing defect			
<input type="checkbox"/> Haemophilia			
<input type="checkbox"/> Anaemia			
<input type="checkbox"/> Other blood disease			
<input type="checkbox"/> Allergy to drugs			
<input type="checkbox"/> Allergy to vaccines			
<input type="checkbox"/> Allergy to food			
<input type="checkbox"/> Other allergies (Please specify: _____)			
<input type="checkbox"/> Tuberculosis			
<input type="checkbox"/> Minor operation			
<input type="checkbox"/> Major operation			
<input type="checkbox"/> Hepatitis A			
<input type="checkbox"/> Hepatitis B			
<input type="checkbox"/> AIDS			
<input type="checkbox"/> Hereditary diseases			
<input type="checkbox"/> Mental problems (e.g. psychosis, depression, anxiety disorder, obsessive compulsive disorder, etc.)			
<input type="checkbox"/> Others			

2. Other supplementary information:

(Signature of Parent/Guardian)

(Name of Parent/Guardian)

Date

Collection of Personal Data

Purpose of Collection:

Personal data collected from your child is only used for handling matters relating to his/her health and safety. Though the provision of such data is done entirely on a voluntary basis, insufficiency of information may make the school unable to have a clear picture of your child's medical history. We may not be able to provide proper assistance to him/her in case of accident.

Access to Personal Data:

According to Personal Data (Privacy) Ordinance, you have the right to access and correct the data supplied. Please contact the school if necessary.