



惠僑英文中學

WAI KIU COLLEGE

九龍石硤尾偉智街十七號

17 Wai Chi Street, Shek Kip Mei, Kowloon, Hong Kong.

電郵地址(E-mail): wkc@wkc.edu.hk

電話: 852-2777 6289 傳真: 852-27767727

Tel: 852-2777 6289 Fax: 852-27767727

網址(Website): http://www.wkc.edu.hk

Ref. No.: LT\_ST 20-21/06b

23<sup>rd</sup> September, 2020

Dear Parents / Guardians,

**Parents' Consent for Attending P.E. Lessons**

As Physical Education (P.E.) is part of the school curriculum, every student is required to attend P.E. lessons. Please note that if your child has any health problems, you are advised to seek professional advice from the doctor for attending P.E. lessons. If your child has to be exempted from any P.E. lessons, a medical certificate is required.

Please fill in the attached reply slip and submit it to the class teacher on or before 25<sup>th</sup> September 2020 (Friday) for our reference. Furthermore, we would be very grateful if we could be informed of the latest health condition of your child at your earliest convenience in the future. For enquiries, please contact Mr LEE Kan-yuen (P.E. Panel Head).

Yours faithfully,

CHENG Che-yin

Principal

----- ✕ ----- Reply Slip ----- ✕ -----

Ref. No.: LT\_ST 20-21/06b

Name of Student: \_\_\_\_\_ Sex: \_\_\_\_\_ Class/Class no: \_\_\_\_\_ ( )

Date of birth: \_\_\_\_\_

The above student is fit for P.E. lessons.

The above student is not suitable for physical exercises. The medical certificate has been enclosed.

Please exempt the student from P.E. lessons from \_\_\_\_\_ to \_\_\_\_\_. The medical certificate has been enclosed.

Signature of Parent/Guardian : \_\_\_\_\_

Name of Parent/Guardian : \_\_\_\_\_

Date : \_\_\_\_\_

\*Please tick the appropriate box(es).

**Medical History of Student** (to be completed by parent/guardian)

The information provided here will only be used for handling student's health-related matters\*.

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

	Description	Age detected	Details of disease	Recommended treatment (if applicable)
	G6PD deficiency			
	Bronchial asthma			
	Epilepsy			
	Fits due to fever			
	Kidney disease			
	Heart disease			
	Diabetes mellitus			
	Hearing defect			
	Haemophilia			
	Anaemia			
	Other blood disease			
	Allergy to drugs			
	Allergy to vaccines			
	Allergy to food			
	Other allergies (Please specify: )			
	Tuberculosis			
	Minor operation			
	Major operation			
	Others			

2. If the student is considered not suitable for participation in P.E. lessons or any other type of school activities, please specify and submit a medical certificate for school's reference.

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3. Is your child currently on medication?

Yes  No  Reasons for medication: \_\_\_\_\_

Name of medicine: \_\_\_\_\_ Type of medicine: Western/ Chinese

Side effects (If yes): Drowsy / Stomach-ache / Dizzy / Concentration Problem / Others

4. In case of emergency, do you permit the school to call an ambulance and provide the ambulance man with the medicine history of your child?

agree

disagree

Name of Student: \_\_\_\_\_ Sex: \_\_\_\_\_ Class/Class no.: \_\_\_\_\_ (    )

Date of birth: \_\_\_\_\_ Emergency telephone No.: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_