



惠僑英文中學

WAI KIU COLLEGE

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Ref. No. : SGS_DP 23-24/02(E)

4th September 2023

Dear Parents,

Prefect Training Workshop 2023

We are delighted to inform you that your child has been selected as one of the school prefects this year. In order to enable students to have a better understanding of their positions and responsibilities as a prefect, the Training Group is now organizing a "Prefect Training Workshop 2023". The aim of this workshop is to foster students' communication skills, strengthen their problem-solving ability and build self-confidence, so as to well equip them to become an outstanding prefect. The details of the event are as follows:

Date	22 nd September 2023 (Fri)	Venue	JPC Pat Heung
Fee	Free of charge	Transportation	Free of charge
Time of gathering	8:00 a.m.	Time of Dismissal	5:00 p.m.
Meeting Venue	School canteen	Dismissal Venue	School canteen
Remarks	1) Wear proper PE uniform. 2) Bring student card, Hong Kong identity card and stationery. 3) If the student is unable to join the activity because of illness, he/she must submit medical certificate for leave. Otherwise, it will be considered as truancy.		

Please complete the reply slip, health declaration form and return it to Ms WONG Ching-yee on or before 12th September, 2023. For any enquiries about the event, please contact the Discipline Master, Mr WONG Wai Ip, at 2777-6289.

Yours faithfully,

CHENG Che-yin M.H.

Principal

-----✂-----Reply Slip-----✂-----

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I agree to allow my child _____ of Class _____ () to participate in the Prefect Training Workshop 2023 arranged by our school on 22nd September 2023 and would encourage my child to take an active role in that activity.

Parent's Signature : _____

Parent's Name : _____

Parent's Contract Number : _____

Student's Contract Number : _____

Date : _____

Health Declaration

Every person taking part in any activities provided in JPC Permanent Activity Centre and Youth Integrated Youth Training Camp (Centre) is required to complete this form to allow the Centre in processing the activities you intended to partake and assessing any foreseeable health risk in advance. By signing this document you are accepting that you have read and understood all of the information and risks associated with the programmes or activities.

Name (Chinese): _____ (English): _____ Sex: _____

Date of Birth: _____ I.D. Number: _____ Phone Number: _____

Weight: _____ KG Height: _____ CM Blood Type: _____

Emergency Contact Person: _____ Relationship: _____ Phone Number: _____

Medical Record

If you have record of the following conditions at present or in the past, please indicate the time of occurrence:

Yes	No		Year	Recovered	Not recovered
<input type="checkbox"/>	<input type="checkbox"/>	Head injuries			
<input type="checkbox"/>	<input type="checkbox"/>	Neck injuries			
<input type="checkbox"/>	<input type="checkbox"/>	Shoulder injuries			
<input type="checkbox"/>	<input type="checkbox"/>	Arm/wrist/hand injuries			
<input type="checkbox"/>	<input type="checkbox"/>	Back injuries			
<input type="checkbox"/>	<input type="checkbox"/>	Knee injuries			
<input type="checkbox"/>	<input type="checkbox"/>	Ankle injuries			
<input type="checkbox"/>	<input type="checkbox"/>	Other injuries (Please give details)			

<input type="checkbox"/>	<input type="checkbox"/>	Frequent fainting or spells of severe dizziness or weakness			
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or convulsions			
<input type="checkbox"/>	<input type="checkbox"/>	Frequent Nosebleeds			
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disorder			
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure			
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes			
<input type="checkbox"/>	<input type="checkbox"/>	Asthma			
<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy			
<input type="checkbox"/>	<input type="checkbox"/>	Do you have arthritis joint or back problems that might be aggravated by exercise:			

Are there any activities to be limited / discouraged by physicians' advice:

Any allergies Food / Drugs / Medicines / Skin

Any of follow symptoms in the past 14 days, including fever over 37.5 degrees, cough, chills, fatigue, pain, nasa congestion headache, conjunctiva, sore throat, diarrhea, shortness of breath, loss of taste or smell or rash/finger /toe/ discoloration and other symptoms.

Should you have any record of heart diseases or query about your health conditions, please proceed for medical check up and enclosed a medical certificate to support your suitable health conditions in joining activities of the Training Camp.

Declaration

I declare that I have read and completed the form truly. I understood the content of this form and assume full responsibility for any risk associated with participating in the activities provided by or in the Centre. I agreed in taking part in the activities at my own discretion. I fully warrant the Centre against any claim of any kind in relation to any loss, or injury however occurred.

Name of Applicant: _____ Signature: _____ Date: _____

(For Applicant aged under 18)

Parent or guardian of applicant aged under 18 must complete this section :

All existing and known injuries or health issues that may be affected _____ (Name) in taking part in the activities provided in the Centre .have been truly and fully declared and I affirm that he / she is able and allowed to partake in the activities, I fully warrant the Centre against any claim of any kind in relation to any loss, or injury however occurred.

Name of Parent/ Guardian: _____ Signature of Parent/ Guardian: _____

Relationship: _____ Date: _____

Remarks:

All information provided herewith will only be used by the Centre for the activities and statistic. The Centre will handle all personal data confidentially.