



2 Sep 2024

Dear Parents,

Student Health Status Survey and Participation in Physical Activities Consent Form
(2024 - 2025)

Our school has always placed great importance on the physical and mental well-being of our students. In order to ensure that students receive proper care and support, the school is conducting a survey regarding students' health status and their intention to participate in physical education classes and activities for the current academic year, in accordance with the guidelines provided by the Education Bureau. We kindly request parents to complete the following form and return it to the school for record-keeping purposes as soon as possible.

The personal information of your child collected by the school will be used solely for the purpose of addressing health and safety matters related to the students. While providing personal information is voluntary, insufficient information may hinder the school's ability to have a comprehensive understanding of your child's medical history and provide appropriate assistance in the event of an unforeseen circumstance. Additionally, if there are any changes in your child's health condition that may affect their participation in physical education classes and activities, please promptly inform the homeroom teacher for safety considerations.

If you have any inquiries, please feel free to contact the homeroom teacher at 23820002.

Best Wishes,



CHUI Sze-ming

Principal
Lok Sin Tong Wong Chung Ming Secondary School



Student Health Information Form

Student Name : _____

Gender: Male / Female

Date of Birth: Year: _____ Month: _____ Day: _____

Class : _____ ()

Section A: If the student currently or previously had any of the following illnesses, please tick ✓ the appropriate box and provide details.

Category	Age at onset of illness	Recovered?	Related information* (e.g., symptoms, management during illness, etc.)
Glucose-6-phosphate dehydrogenase deficiency			
Asthma			
Epilepsy			
Kidney disease			
Carrier of Hepatitis B			
Heart disease			
Diabetes			
Hemophilia			
Anemia			
Sleep apnea			
Tuberculosis			
Drug allergies			
Food allergies			
Previous surgeries			
Other			

*Please contact class teachers if any explanation is required.

Section B: Participation in Physical Education Classes, Athletics Events, Inter-/Intra-School Long Distance Races, and other sports competitions.

(Please tick ✓ the appropriate box)

- My child is in good health and does not have any illness or physical limitations. I consent to their participation in physical education classes, athletics events, inter-/intra-school long-distance races, and other sports competitions.
- Due to the above health reasons, my child is **not** suitable to participate in physical education classes, athletics events, inter-/intra-school long-distance races, and other sports competitions. **I am submitting a parent letter and a doctor's certificate to request exemption from these activities.**
- Other (Please specify reasons): _____

Emergency contact number : _____

Parent/Guardian's Name: _____

Date: _____

Parent/Guardian's Name Signature: _____