



惠僑英文中學

WAI KIU COLLEGE

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Ref. No.: SGS\_GD 18-19/16(b)

20<sup>th</sup> June, 2019

Dear Parents/ Guardians,

**S1 Orientation Camp (for Group Leaders)**

Being newly promoted to the secondary school, the S1 students will be facing various changes and challenges. To help S1 students the Counselling Department has arranged a 2-day-1-night 'S1 Orientation Camp' for all S1 students. Your child has been selected as a group leader. Group leaders are expected to take the responsibility of facilitating the activities and developing their leadership, boosting confidence and communicating skills at the same time. Details are as follows:

<b>Date &amp; Time</b>	12 noon-2.00 pm (the next day) 11/08/2019-12/08/2019 (Sun & Mon)	<b>Venue</b>	HKYFG Jockey Club Sai Kung Outdoor Training Camp
<b>Gathering time &amp; Venue</b>	12 pm, 11/08/2019 School hall	<b>Dismissal time &amp; Venue</b>	2.00 pm, 12/08/2019 School gate
<b>Content of activity</b>	Adventurous trainings; group activities	<b>Fee</b>	Free (including camping fee, meals and transportation fee)
<b>Remarks</b>	1. Student <b><u>MUST</u></b> attend the S1 Orientation Camp. In case of sick leave, <b><u>parents / guardians MUST</u></b> call the school on or before the date of setting off and provide doctor's letter / parents' letter to the class teacher afterwards. 2. All activities will be conducted under the guidance of experienced tutors in order to ensure the safety of the students.		

Please kindly fill in the attached Health Declaration form and submit to the school on or before 09/07/2019 (Tue). For enquiries, please contact Mr. YIU Kin-Wai (Assistant Head of the Counselling Department) or Ms. SO Ka-po (Assistant of the Counselling Department) at 2777 6289.

Yours faithfully

CHENG Che-yin  
Principal

-----✕-----Reply slip-----✕-----  
Ref. No.: SGS\_GD 17-18/12(b)

Dear Principal,

I acknowledge the arrangement of the activity "S1 Orientation Camp", and will submit the Health declaration form to Mr. YIU Kin-wai (Assistant head of the Counselling Department) or Ms. SO Ka-po (Assistant of the Counselling Department)

Name of Student : \_\_\_\_\_  
Class : \_\_\_\_\_  
Signature of Parent / Guardian : \_\_\_\_\_  
Name of Parent /Guardian : \_\_\_\_\_  
Contact number of Parent/Guardian : \_\_\_\_\_  
Date : \_\_\_\_\_



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**S1 Orientation Camp**  
**Instructions**

Attachment 1

<b>Date</b>	: 11/08/2019-12/08/2019 (Sun & Mon)
<b>Time</b>	: 12 noon-2.00 pm (the next day)
<b>Venue</b>	: HKYFG Jockey Club Sai Kung Outdoor Training Camp
<b>Gathering time &amp; Venue</b>	: 12 pm, 11/08/2019, School hall
<b>Dismissal time &amp; Venue</b>	: 2.00 pm, 12/08/2019, School gate

**Equipment:**

1. clothes 1-2 sets (including casual wear)
2. toiletries (e.g. teeth brush, toothpaste, towel, soap)
3. anti-mosquito products (e.g. Mosquito repellent, Mosquito sticker)
4. sun protection products (e.g. sunblock)
5. rainproof products (e.g. raincoat, umbrella, hat)
6. torch & batteries
7. ID card / copy
8. warm clothes
9. water bottle
10. pen & paper
11. emergency contact details
12. medicine (if necessary)
13. some money

**Precautions:**

1. For safety reasons, all students MUST follow the instructions of tutors, coaches and teachers in the camp.
2. Students CANNOT leave the troop or do personal matters without permissions.
3. Students are suggested to wear comfortable sportswear and trainers participating in the activities and pack all belongings using backpacks.
4. Students who are taking regular medicines should bring their own medicines.
5. Cigarettes, lighters, alcoholic drinks, inappropriate publications are prohibited. Offenders will be penalized.
6. Students are not suggested to bring large amount of money or valuable items.
7. The training camp and the school are not liable for any loss incurred by the students in terms of personal belongings.
8. Students MUST keep the camp clean, and must not damage any plants or public properties.
9. Students MUST attend all appointed activities punctually or they have to face penalties.
10. Students are NOT permitted to enter or stay in other dormitories or they have to face penalties.
11. All S1 students MUST attend this activity.

**Remarks:**

1. In case of cancellation of the activity due to bad weather, the teachers-in-charge will arrange students to go home under safe condition.
2. If Typhoon No.3 or above or black rainstorm signal is issued, parents can call the school to inquire about the students. Should there be cancellation of the activity, the school will inform parents individually.

Wai Kiu College

S1 Orientation Camp

Health Declaration Form

Name of student: \_\_\_\_\_ Gender: \_\_\_\_\_

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

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

	Description	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"/>	Haemophilia			
<input type="checkbox"/>	Anaemia			
<input type="checkbox"/>	Others blood disease			
<input type="checkbox"/>	Allergy to drugs			
<input type="checkbox"/>	Allergy to vaccines			
<input type="checkbox"/>	Allergy to food			
<input type="checkbox"/>	Others allergies (Please specify: _____)			
<input type="checkbox"/>	Tuberculosis			
<input type="checkbox"/>	Minor operation			
<input type="checkbox"/>	Major operation			
<input type="checkbox"/>	Others			

2. Doctor's details (if applicable):

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Address: \_\_\_\_\_

3. There were / were no\* past records showing that the student is not suitable for strenuous exercises. (\*delete where appropriate)

I hereby declare that the information provided above is true and correct to the best of my knowledge. And my health condition suits the requirements of the S1 Orientation Camp.

Student signature: \_\_\_\_\_

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

\* \* \*

I hereby declare that the health condition of my child \_\_\_\_\_ (name) suits the above activity.

Name of parent/guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship with the student: \_\_\_\_\_

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

**MUST COMPLETE**

In case of emergency, please contact the person below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No. \_\_\_\_\_ (day) \_\_\_\_\_ (night)

Relationship with the student: \_\_\_\_\_

\*\*The information collected will be kept confidential and only be used for handling student's health related matters. All information will be destroyed after the S1 Orientation Camp.