



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 23-24/01b

1st September, 2023

Dear Parents/Guardians,

Parents' Consent for Attending P.E. Lessons

As Physical Education (P.E.) is part of the school curriculum, every student has 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 8th September, 2023 (Friday). Furthermore, please keep us informed of the latest health condition of your child at your earliest convenience in future. For enquiries, please contact Mr. LEE Kan-yuen (P.E. Panel Head).

Yours sincerely,

CHENG Che-yin M.H.
Principal

< Reply Slip >

Ref. No.: LT_ST 23-24/01b

Name of Student: _____ Sex: _____ Class: _____

*Please tick the appropriate box.

- The above student is suitable for P.E. lessons.
- The above student is NOT suitable for P.E. lessons. 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 : _____

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.)

Name of student: _____ Sex: _____

Class: _____ Class No: _____ Date of birth: _____

Name of parent/guardian: _____

Emergency telephone No: _____

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 fit for participation in PE lessons or any other type of school activities, please specify and submit a medical certificate for school's reference.

3. Is your child currently on medication?

Yes No Reasons for medication: _____

Name of medicine: _____ Type of medicine: Western/ Chinese

Side effects: Yes If yes: Drowsy / Stomachache / Dizzy / Others

No

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

agree disagree

(Signature of Parent/Guardian)

(Name of Parent/Guardian)

Date: _____