



惠僑英文中學

WAI KIU COLLEGE

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Ref. No.: LT\_ST 25-26/01b

1<sup>st</sup> September, 2025

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 5<sup>th</sup> September, 2025 (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,

Tso Tat Ming  
Principal



◀ Reply Slip ▶

Ref. No.: LT\_ST 25-26/01b

Name of Student: \_\_\_\_\_ Sex: \_\_\_\_\_ Class: \_\_\_\_\_

\*Please tick the appropriate box.

- ☐ The above student is fit for P.E. lessons.
- ☐ The above student is NOT fit 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.

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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: 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: \_\_\_\_\_