Christian Alliance
Cheng Wing Gee College
宣道會鄭榮之中學
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P2526-002

Parental Consent on Participation in PE Lessons and Reporting of Student's Medical History
體育課家長同意書及填報學生病歷

Dear Parents,
各位家長:

Physical Education (PE) is an integral part of the school curriculum. Every student must participate in PE lessons. However, if your child has any illness, you should seek medical advice on whether your child is suitable to participate in PE lessons. If your child needs to be temporarily or perpetually exempted from PE lessons, a medical certificate from a registered doctor must be produced. To ensure the safety and health of students, we kindly request your cooperation in reporting your child's medical history. Please return the Health Record Form and Consent Form to the class teacher on or before 2 Sep 2025 (Tue). If there are any changes in your child's health conditions, please notify the school immediately. All concerned records will be handled in compliance with the Personal Data (Privacy) Ordinance. If you have any inquiries, please feel free to contact Ms Soen Yi Wun or Mr Lee Siu Tung at 2604 9762. Thank you for your attention.

體育是必修課程，學生均須上體育課。惟家長必須留意，如　貴子弟有任何健康問題，應徵詢醫生的意見，以確定是否適宜上體育課。如　貴子弟需要暫時或長期豁免上體育課，必須呈示註冊醫生證明書。為保障學生的安全和健康，本校懇請家長填報子女病歷，並著　貴子弟將填妥的健康記錄表及同意書，於 2025 年 9 月 2 日 (二) 或以前交回班主任。若發現　貴子弟有任何健康狀況的轉變，請立刻通知本校。本校將根據《個人資料（私隱）條例》處理有關記錄。如有查詢，請致電 2604 9762 聯絡孫依媛老師或李兆東老師。

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CHRISTIAN ALLIANCE CHENG WING GEE COLLEGE 宣道會鄭榮之中學

Shum Kai Shing, Principal 沈啟誠校長
1 September 2025 2025 年 9 月 1 日

I acknowledge the receipt of the above circular regarding "Parental Consent on Participation in PE Lessons and Reporting of Student's Medical History".

本人經已知悉　貴校來函有關「體育課家長同意書及填報學生病歷」事宜。

1. If the student has ever had the medical condition(s) below, please put a "✓" in the appropriate box(es) and give details.
如學生曾患有以下疾病，請在適當的方格內加上「✓」號，並列出詳情：

Yes / No 有/沒有	Chronic Disease 慢性疾病	Age of Incidence 患病時年齡 / 最近病發日期	Long-term Medication 是否長期服用藥物	Supplementary Information 有關疾病補充資料， 如發病時醫生建議的處理方法
☐ Yes / ☐ No	G6PD deficiency 葡萄糖六磷酸去氫酵素缺乏症			
☐ Yes / ☐ No	Bronchial asthma 哮喘			
☐ Yes / ☐ No	Epilepsy 腦癇病			
☐ Yes / ☐ No	Fits due to fever 高熱引致抽搐			
☐ Yes / ☐ No	Kidney disease 腎病			
☐ Yes / ☐ No	Heart disease 心臟病			
☐ Yes / ☐ No	Diabetes mellitus 糖尿病			
☐ Yes / ☐ No	Hearing defect 聽覺不健全			
☐ Yes / ☐ No	Haemophilia 血友病			
☐ Yes / ☐ No	Anaemia 貧血			
☐ Yes / ☐ No	Other blood disease 其他血病			
☐ Yes / ☐ No	Allergies 各類敏感（請列明）			
☐ Yes / ☐ No	Tuberculosis 肺結核			
☐ Yes / ☐ No	Operation 曾接受之手術			
☐ Yes / ☐ No	Mental Illness 精神問題			
☐ Yes / ☐ No	Others 其他（請列明）： _____			

2. Please put a "✓" in the appropriate box:
請在適當的方格內加上「✓」號：

☐ My child is **suitable** for participating in PE lessons 小兒/小女**適宜**上體育課。

☐ My child is **not suitable** for participating in PE lessons. Relevant medical certificate is attached. 小兒/小女**不適宜**上體育課，茲附上醫生證明書。

☐ Please **exempt** my child from participating in PE lessons from _____ to _____. Relevant medical certificate is attached. 小兒/小女欲申請由 _____ 至 _____ **豁免**上體育課，茲附上醫生證明書。

☐ My child is **only suitable** for participating in the types of activities recommended by his/her doctor. Relevant medical recommendation is attached.小兒/小女**只適宜**參與經醫生建議的活動，茲附上醫生推薦書。

Name of Student 學生姓名：_____

Class 班別：_____ CSNO 班號：____

Name of Guardian 監護人姓名：_____
(Block Letters 中文正楷)

Signature of Guardian 監護人簽署：_____

Date 日期：_____