

明愛屯門馬登基金中學
2022-2023 年度 家長通告

體育課家長同意書

敬啟者：

體育科是本校課程的一部份，每位學生均須參加體育課。惟 貴家長必須留意，如 貴子弟患有任何疾病，則應先行徵詢醫生之意見，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時，必須呈交註冊醫生證明書。

請於 **9 月 7 日（星期三）或以前，將附頁回條交回本校**，以便辦理及存檔。若發現 貴子弟有任何健康狀況之改變，祈請立刻通知校方。

此致

貴家長

體育科何信鑾老師負責主理

校長

謹啟

袁國明

二零二二年九月一日

Caritas Tuen Mun Marden Foundation Secondary School
2022-2023 Parents Notice

1 September 2022

Dear Parents/Guardians,

Parental Consent for Attending P.E. Lessons

We are writing to inform you that Physical Education (P.E.) is a part of the school curriculum for every student. Please note that if your child has any health problems, please seek the professional advice from a doctor to see whether he/she is suitable to attend P.E. lessons. If your child has to be excused from any P.E. lesson, please hand in a medical certificate.

Please fill in the attached reply slip and submit it on or before 7 September 2022 (Wednesday) so that we can keep it for reference. Furthermore, we would be very grateful if we could be informed of the latest health condition of your child at your earliest convenience in the future.

For enquiries, please contact the teacher-in-charge Mr. Ho Shun Luen (Physical Education Department).

Yours faithfully,

Mr. Yuen Kwok Ming
Principal

明愛屯門馬登基金中學
Caritas Tuen Mun Marden Foundation Secondary School
Year 2022-2023 年度

Student's Medical History 學生病歷表

(This reply slip which is about the student's medical history is for the school's use only. It must be filled in by the student's parents / guardians.)

(由家長或監護人填寫只用作本校學生保健的有關事宜)

Name of Student 學生姓名 : _____ Class 班級 : _____
Date of Birth 出生日期 : _____ Sex 性別 : _____

1. If your child has ever had the following medical condition(s), please mark 「✓」 in the appropriate box(es) and specify the details. 如學生患有以下疾病，請在適當的方格內加上「✓」記號及列出詳情：

		Age Detected 患病時年齡	Details of Disease 疾病資料			Age Detected 患病時年齡	Details of Disease 疾病資料
<input type="checkbox"/>	G6PD deficiency 六磷酸葡萄糖脫氫酶缺乏症			<input type="checkbox"/>	Other blood disease 其他血病		
<input type="checkbox"/>	Bronchial asthma 哮喘			<input type="checkbox"/>	Allergy to drugs 藥物敏感		
<input type="checkbox"/>	Epilepsy 腦癇病			<input type="checkbox"/>	Allergy to vaccines 疫苗敏感		
<input type="checkbox"/>	Fits due to fever 高熱引致抽搐			<input type="checkbox"/>	Allergy to food 食物敏感		
<input type="checkbox"/>	Kidney disease 腎病			<input type="checkbox"/>	Other allergies 其他敏感		
<input type="checkbox"/>	Heart disease 心臟病			<input type="checkbox"/>	Tuberculosis 肺結核		
<input type="checkbox"/>	Diabetes mellitus 糖尿病			<input type="checkbox"/>	Minor operation 小手術		
<input type="checkbox"/>	Hearing defect 聽覺不健全			<input type="checkbox"/>	Major operation 大手術		
<input type="checkbox"/>	Haemophilia 血友病			<input type="checkbox"/>	Others 其他		
<input type="checkbox"/>	Anaemia 貧血						

2. If your child is considered to be unsuitable for participating in P.E. lessons or any other types of school activities, please specify and submit a medical certificate for school's reference :
倘認為學生不適宜上體育課或參加任何其他類型的學校活動，請具體說明理由並提交醫生證明書供校方參考：

3. Any other remarks 其他補充資料：

4. Declaration 聲明：

- * ☐ The above student is fit for P.E. lessons. 上述學生適宜上體育課。
☐ The above student is not suitable for physical exercises. A medical certificate has been enclosed. 上述學生不適宜上體育課，茲附上醫生證明書。
☐ Please exempt the student from P.E. lessons from _____ to _____. A medical certificate has been enclosed.
請豁免上述學生由_____至_____上體育課，茲附上醫生證明書。

(*Please tick the appropriate box(es). 請於適當方格內加上 ✓ 號)

家長/監護人簽署
Signature of Parent/Guardian : _____
家長/監護人姓名
Name of Parent/Guardian : _____
緊急聯絡電話
Emergency Contact Number : _____
日期
Date : _____