

明愛屯門馬登基金中學
2022-2023 年度 家長通告

敬啟者：

健康校園計劃 - 「校園測檢」(頭髮驗毒)

本校將於本學年推行「健康校園計劃」，目的是培養學生的正面價值觀和態度，以及加強學校的抗毒文化，希望學生遠離毒品，並提供適切的專業支援服務。本計劃內容包括一系列教育活動，如領袖訓練、禁毒講座等，提升學生的禁毒意識，活出健康人生。「校園測檢」(頭髮驗毒)是本計劃的其中一部份，驗毒測檢屬自願性質，學生可自由參與，資料亦會保密，學校鼓勵家長或監護人與學生商討，再決定是否參加。檢測將於本學年五月至六月期間舉行。請 貴家長填妥回條，並於五月十日(星期三)或之前交回班主任。

如有任何查詢，歡迎致電 24610304 聯絡訓輔組李冠雄老師。

此致
貴家長

訓輔組李冠雄老師負責主理

校長

謹啟

袁國明

二零二三年五月五日



家長通告第 2223_206 號

〔 回 條 〕

敬覆者：

本人已知悉有關**健康校園計劃- 「校園測檢」**事宜，並

- * ☐ 同意 敝子女參加測檢及相關活動。
☐ 不同意 敝子女參加測檢及相關活動。
(* 請於適當位置加上“✓”號。)

此覆
明愛屯門馬登基金中學

中_____班_____號 學生：_____

家長簽署：_____

家長姓名：_____

日期：_____

5 May 2023

Dear Parents/Guardians,

Healthy School Programme with a Drug Testing Component (Hair drug-testing)

Our school will launch the Healthy School Programme with a Drug Testing Component (HSP-DT) in this school year. The objectives of HSP-DT includes helping students cultivate positive attitudes and correct values, strengthening the anti-drug culture in the school campus, as well as helping students stay away from drugs. Provision of professional support services will also be available. The programme, comprising a series of educational campaigns like leadership training and anti-drug seminars, aims to enhance the students' anti-drug awareness for a healthy life. School Drug Testing (Hair drug-testing) is part of the programme that is held on a voluntary basis. While the students' participation of the test is entirely voluntary, all information involved will be treated with strict confidence. The school encourages the parents/ guardians to discuss with the students before signing up for the test. The School Drug Testing will be held in the period from May to June. Please return the reply slip to your child's respective class teacher on or before 10 May, 2023.

For enquiries, please contact the teacher-in-charge Mr. Li Kwun Hung (Discipline and Counselling Team) at 2461 0304.

Yours faithfully,

Mr. Yuen Kwok Ming
Principal



Parents Notice No.: 2223_206

Reply slip

Dear Sir,

I acknowledge the notice on “**Healthy School Programme with a Drug Testing Component (Hair drug-testing)**”, and I

- * ☐ **allow** my child the join the captioned activity.
☐ **do not allow** my child the join the captioned activity.
(*Please put a tick in the appropriate box.)

Name of Student	:	_____
Class and Class no.	:	_____ ()
Signature of Parent / Guardian	:	_____
Name of Parent / Guardian	:	_____
Date	:	_____