



# Application & Consent Form for Student Health Service 2011/2012

Department of Health

(Please complete this form in BLOCK letters using ball pen)

## A. Student Particulars (This part must be completed and as appropriate)

Name of Student (Please complete the name as printed on Identity Card / Birth Certificate)				Date of Birth			Sex
Surname (English)	Other name (English)	Surname (Chinese)	Other name (Chinese)	Day	Month	Year	<input type="checkbox"/> Male
							<input type="checkbox"/> Female

Name of school \_\_\_\_\_

AM  
 PM  
 Whole Day

Class

H.K.ID No. \_\_\_\_\_

H.K. Birth Cert. No. \_\_\_\_\_

Other ID No. # \_\_\_\_\_

# Please specify the type of document \_\_\_\_\_

Student reference number

(Please refer to the student handbook / school report of last school term or Primary one Admission Allocation Slip if any)

## B. Consent and Declaration (If you agree to enrol your child in the Student Health Service, please complete this part)

Place of Birth	Period of arrival in Hong Kong (Not for child born in Hong Kong)	Day-time contact telephone number of parent / guardian								
	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Month</td> <td colspan="2" style="text-align: center;">Year</td> </tr> </table>					Month		Year		
Month		Year								

Address:	Home telephone number
Room _____	
Floor _____	
Block _____	
Building _____	
Street _____	
District _____	Fax number
<input type="checkbox"/> Hong Kong <input type="checkbox"/> Kowloon <input type="checkbox"/> New Territories <input type="checkbox"/> Others _____	

I **agree** to enrol the above named child in the Student Health Service. I give consent to and authorize the Director of Health to obtain all relevant information relating to the child from the school the child is attending, Government Departments and Bureaux for the purpose of enrolment and establishing the eligibility status of the child for fee-determination purpose.

(The Student Health Service is provided free for those students who are 'eligible persons'. For 'non-eligible persons', they have to pay on the appointment day the gazetted annual fee, the prevailing fee is HK\$445. Please refer to the attached "Notes for Parents/Guardians" for details.)

Signature of Parent / Guardian \_\_\_\_\_ Relationship  Father  
 Mother  
 Guardian

Name of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Please complete in block letter)

## C. Do not agree to enrol (If you disagree to enrol your child in the Student Health Service, please complete this part)

I **do not agree** to enrol the above named child in the Student Health Service.

Reason for non-enrolment: \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Relationship  Father  
 Mother  
 Guardian

Name of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Please complete in block letter)