Department of Health

Application & Consent Form for Student Health Service 2026/27

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

A. Student / Participant Particulars (Please put tick ☑ when appropriate)

Name of Student / Participant (Please complete the name as printed on identity document)

Surname (English)	Other name (English)	Surname (Chinese)	Other name (Chinese)

Date of Birth Day Month Year

Sex ☐ Male ☐ Female

Name of school

☐AM ☐PM ☐Whole Day

Class

*** Student should bring along the stated identity document on the day of the annual health assessment.**

Type of document: (Please put tick ☑ when appropriate) Document No.:

- ☐ HK Permanent Identity Card
- ☐ HK Birth Certificate with permanent resident status of HKSAR indicated as "ESTABLISHED"
- ☐ HKSAR Passport
- ☐ HKSAR Re-entry Permit
- ☐ HKSAR Document of Identity for Visa Purpose (bearing valid visa endorsement to stay in HK)
- ☐ Valid travel document
  - ☐ Overseas Passport ☐ PRC Passport
    - ☐ with label / stamp showing "right to land" / "right of abode" / "permitted to land" in HK / "previous conditions of stay are hereby cancelled" / "eligibility for HK permanent identity card verified"
    - ☐ with label / stamp showing "unconditional stay" in HK
    - ☐ with label / stamp showing "permitted to remain until (date)" or "permission to remain extended until (date)" in HK provided that the holder is not a visitor and has not overstayed in HK
- ☐ Travel document (e.g. Passport, Two-way Permit) showing the holder's status as "Visitor" / holders of Form of Recognizance **(should be charged at "non-eligible person" rate)**

Student who selects the following documents is required to further provide requested information to prove his / her eligibility. Otherwise, he / she would be charged at "non-eligible person" rate.

- ☐ HK Birth Certificate (with permanent resident status of HKSAR indicated as "NOT ESTABLISHED")
- ☐ HK Identity Card (only applicable for the age of 11 or above)
- ☐ Other identity documents, please specify

Place of Birth

Period of arrival in Hong Kong **(Not for child born in Hong Kong)** Month Year

Contact telephone no. of parent / guardian **(Remarks : for phone contact and receiving SMS message)**

Address: Room Floor Block

Building

Street

District

Mail Collection Number

☐Hong Kong ☐Kowloon ☐New Territories ☐Others _____

Other cell phone no.

Home telephone no.

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

I **agree** to enrol the above named child in the Student Health Service**.** I give consent to and authorise the Director of Health to obtain or disclose all relevant information relating to the child from me, the school the child is attending, the service providers engaged by Student Health Service, Government bureaux / departments, the Hospital Authority or relevant parties for the purpose of enrolment and follow-up appointment 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$680.)

Signature of Parent / Guardian _____ Relationship ☐ Father ☐ Mother ☐ Guardian

Name of Parent / Guardian (Please complete in block letter) _____ Date _____

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 (Please complete in block letter) _____ Date _____

Statement of Purposes
Student Health Service

Purpose of Collection

1. The personal data are provided by patients and clients with whom the Department of Health (DH) interacts in the delivery of the services, and other related activities. The personal data provided will be used by DH for the following purposes:
   a. Proof of eligibility;
   b. Providing services including but not limited to clinical service, appointment arrangement and notification and client relation matters, etc;
   c. Record of test results / examination / investigation / treatment for continuation of care or reference by other medical professionals;
   d. Consent for particular treatments / tests;
   e. Tracking of payment;
   f. Suspected outbreak investigation;
   g. For public health purposes, such as notification of tuberculosis or other reportable / notifiable diseases;
   h. Tracing defaulters for follow-up / treatment;
   i. Record of enrolment / management;
   j. For preparing statistics and accounting reports, epidemiological surveillance, carrying out research or teaching purpose;
   k. Audit purpose;
   l. For providing alert for public health emergencies; and
   m. Promotion of health programmes and information.

   * The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove your eligibility for specific service / activities and cannot provide service / assistance to you or even the service / assistance may still be provided, you will be charged at the non-entitled person (usually higher) rate.

Classes of Transferees

2. The personal data you provide are mainly for use within the DH but they may also be disclosed to other Government bureaux / departments, the Hospital Authority or relevant parties for the purposes mentioned in para. 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasions as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

Enquiries

4. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to:

Student Health Service
Clerical Officer
4/F, Lam Tin Polyclinic,
99, Kai Tin Road, Kwun Tong, Kowloon
Tel: 3163 4600

Student Health Service
www.studenthealth.gov.hk

Health Programmes at
Student Health Service Centre
www.shs.gov.hk/healthprog.pdf