



**Parental Consent on Participation in P.E. & Sports  
and Medical History of Students 2011-2012  
(To be completed by Parent/Guardian)**

Name of Student: \_\_\_\_\_ ( \_\_\_\_\_ ) Class: \_\_\_\_\_  
(English in Block Letters) (Chinese)

Class No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Day-Month-Year)

Name of Parent/Guardian: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Dear Parents/Guardians,

1. Physical Education is a formal subject of our school curriculum. Every student must take part in Physical Education lessons. However, if your child has any illness, you should seek medical advice on whether your child is suitable to take part in Physical Education lessons. If your child needs to be temporarily or perpetually exempted from Physical Education lessons, a medical certificate from a registered doctor must be produced.

For the total development of your child, sports participation is an indispensable aspect in addition to academic achievements. While your child has the right to enjoy the facilities and resources provided by the school, he also has the duty to represent our school in inter-school sports competitions. Please indicate your wish below whether you will allow your child to represent our school in inter-school sports competitions and participate in team training.

Please put a '✓' in the appropriate boxes below:

**Participation in Physical Education lessons**

- My child is suitable to take part in physical education lessons.
- My child is not suitable to take part in physical education lessons. Relevant medical certificate is attached for your information and retention.

**Participation in inter-school sports competitions and team training**

- I agree my child to take part in inter-school sports competitions and team training.
- I do not agree my child to take part in inter-school sports competitions and team training because \_\_\_\_\_

2. If your child has ever had the following medical condition(s), please tick in the appropriate box(es) and specify details.

The information provided below will only be used for the purpose of your son's/ward's health reference.

* Please <input type="checkbox"/> in the appropriate box(es) and specify details		Age Detected 發現患病年齡	Details of Disease 有關患病詳情
<input type="checkbox"/>	1. G6PD Deficiency 六磷酸葡萄糖脫氫酶素缺乏症		
<input type="checkbox"/>	2. Bronchial Asthma 哮喘		
<input type="checkbox"/>	3. Epilepsy 羊癇症		
<input type="checkbox"/>	4. Fits due to Fever 高熱引致抽搐		
<input type="checkbox"/>	5. Kidney Disease 腎病		
<input type="checkbox"/>	6. Heart Disease 心臟病		
<input type="checkbox"/>	7. Diabetes Mellitus 糖尿病		
<input type="checkbox"/>	8. Visual Defect 視覺不健全		
<input type="checkbox"/>	9. Hearing Defect 聽覺不健全		
<input type="checkbox"/>	10. Haemophilia 血友病		
<input type="checkbox"/>	11. Anaemia 貧血		
<input type="checkbox"/>	12. Other Blood Disease 其他血病		
<input type="checkbox"/>	13. Allergy to Drugs 藥物過敏		
<input type="checkbox"/>	14. Allergy to Vaccines 疫苗過敏		
<input type="checkbox"/>	15. Allergy to Food 食物過敏		
<input type="checkbox"/>	16. Other Allergies 其他過敏		
<input type="checkbox"/>	17. Tuberculosis 肺結核		
<input type="checkbox"/>	18. Minor Operation 小手術		
<input type="checkbox"/>	19. Major Operation 大手術		
<input type="checkbox"/>	20. Others 其他		

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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

Please return this form on or before 2<sup>nd</sup> September, 2011 to the Form-teacher for record and action.