

沙田崇真中學  
體育課通告

1819/006

體育課是本校課程的一部份，每一學生理應參加體育課。惟 貴家長必須留意，如 貴子弟患有任何疾病，未知是否適宜上體育課時，則應徵詢醫生之意見。如 貴子弟需要暫時或長期停止上體育課或不適宜進行某些活動，請於回條及學生病歷表中註明，並於九月四日交班主任收，以便辦理及存案。若 台端發現 貴子弟有任何健康狀況之改變，祈請立刻通知本校為荷。

以上通告

中一至中六家長

沙田崇真中學校長



梁潔妍

二零一八年九月三日

回條(1819/006)

學生姓名：\_\_\_\_\_ 性別：\_\_\_\_\_ 班別：\_\_\_\_\_ 學號：\_\_\_\_\_

請「✓」適用者

- 敝子弟適宜上體育課。
- 請豁免上述學生由 \_\_\_\_\_ (日期) 至 \_\_\_\_\_ (日期) 上體育課。
- 請豁免上述學生參與 \_\_\_\_\_ (哪類活動)

\_\_\_\_\_  
(家長/監護人簽名)

\_\_\_\_\_  
(日期)

沙田崇真中學

學生病歷表

(由家長或監護人填寫)

(限閱文件 — 所提供的資料只用作本校學生保健的有關事宜)

學生姓名：\_\_\_\_\_ 性別：\_\_\_\_\_ 班別：\_\_\_\_\_ 出生日期：\_\_\_\_\_

家長/監護人姓名：\_\_\_\_\_ 緊急聯絡電話：\_\_\_\_\_

1. 如學生曾患有以下疾病，請在適當的方格內加上「✓」記號及列出詳情：

	患病時年齡	疾病資料
葡萄糖六磷酸去氫脫酵素缺乏症		
哮喘		
羊癲		
高熱引致抽搐		
腎病		
心臟病		
糖尿病		
聽覺不健全		
血友病		
貧血		
其他血病		
藥物敏感		
疫苗敏感		
食物敏感		
其他敏感		
肺結核		
小手術		
大手術		
其他		

2. 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. 其他補充資料：

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(家長或監護人簽名)

\_\_\_\_\_  
(家長或監護人姓名)

\_\_\_\_\_  
(日期)

SHATIN TSUNG TSIN SECONDARY SCHOOL

NOTICE TO PARENTS

1819/006

From: Ms. LEUNG Kit Yin, Principal

Date: 3<sup>rd</sup> September, 2018

Re: P.E. lessons

As P.E. subject is part of the school curriculum, each student is required to take the subject. Parents should note that if their children are suffering from illness and they are not sure whether it is appropriate for their wards to take the subject, they should consult their physicians in advance. Should your ward need to stop taking the subject temporarily or permanently or refrain from specific activities you should state this in your reply slip and the medical history of your ward for the school record. Please ask your ward to submit the reply slip and the medical history to the form teacher on 4<sup>th</sup> September, 2018. Please inform the school should there be any change in the future.



REPLY SLIP (1819/006)

Name of Student: \_\_\_\_\_ Sex: \_\_\_\_\_ Class: \_\_\_\_\_ No: \_\_\_\_\_

Please tick whenever appropriate

My ward can attend P.E. lessons.

Please exempt my ward from attending the P.E. lesson from \_\_\_\_\_ to \_\_\_\_\_ (Date)

Please exempt my ward from \_\_\_\_\_ (types of activities)

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Shatin Tsung Tsin Secondary School**

**Medical History of Pupil (to be completed by parent/guardian)**

**(Restricted – The information provided will only be used for the purpose of the pupil's health reference)**

Name of Pupil : \_\_\_\_\_ Sex : \_\_\_\_\_ Class : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Name of Parent/Guardian : \_\_\_\_\_ Emergency Contact telephone number : \_\_\_\_\_

1. If the pupil has ever had the following medical condition(s), please tick in the appropriate box and specify details.

	Age Detected	Details of Disease
G6PD deficiency		
Bronchial asthma		
Epilepsy		
Fits due to fever		
Kidney disease		
Heart disease		
Diabetes mellitus		
Hearing defect		
Haemophilia		
Anaemia		
Other blood disease		
Allergy to drugs		
Allergy to vaccines		
Allergy to food		
Other allergies		
Tuberculosis		
Minor operation		
Major operation		
Others		

2. If the pupil is considered not suitable for participation in PE lessons or any other type of school activities, please specify and submit a medical certificate for school's reference.

\_\_\_\_\_

\_\_\_\_\_

3. Any other remarks :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Name of Parent/Guardian)

\_\_\_\_\_  
(Date)