

學生姓名 (請依照身份證明文件/出生證明書填寫) (請用原子筆以正楷填寫本表格)

姓(中文) 陳	名(中文) 大明	姓(英文) Chan	名(英文) Tai Ming
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性別  男  女

學校名稱  上午  下午  全日 班別 1F

**中華基督教會基全小學**

下列各類證件，請選一項： 證件號碼： a b 1 2 3 4 5 6 7 8 9 0 c

香港永久性居民身份證

香港身份證 (須待查核是否屬“符合資格人士”)

香港出生證明書，其上顯示香港特別行政區永久性居民身份為“確定”

香港出生證明書，其上顯示香港特別行政區永久性居民身份為“未確定”(學生須出示其他身份證明文件來證明是“符合資格人士”，否則須按“非符合資格人士”的收費率繳費)

香港特別行政區護照

香港特別行政區回港證

香港特別行政區簽證身份書(具有在香港逗留的有效簽證)

有效旅行證件(護照)，其上有香港“入境權”/“居留權”/“無條件入境”/“以往規定的逗留條件現告撤銷”/“證實有資格領取香港永久性居民身份證”的標籤/蓋印

有效旅行證件(護照)，其上有在香港“無條件限制逗留”的標籤/蓋印

有效旅行證件(護照)，其上有在香港“獲准逗留至(日期)”或“獲准逗留期限延至(日期)”的標籤/蓋印，但持證人必須並非訪客及沒有逾期留港

旅行證件(例如：護照、雙程證)，其上顯示持證人是“訪客”/擔保書(俗稱“行街紙”)持有人(須按“非符合資格人士”的收費率繳費)

其他身份證明文件，請註明

出生日期 日 月 年  
0 1 0 1 2 0 2 0

出生地點 深圳

抵港日期 (在香港出生者不用填寫) 月 年  
0 1 2 0 2 0

家長/監護人日間聯絡電話號碼 (註：可作電話聯絡及接收短訊之用)  
12345678

住宅電話號碼/其它手提電話號碼  
12345678

學生編號 a 1 2 3 4 5 6 7 8 (請參考上學期學生手冊/成績表)(小一學生的學生編號見於小一派位證)

學童牙科保健編號 a 1 2 3 4 5 6 7 (請參考學童牙科保健服務手冊，初次申請者不用填寫)

請說明貴子女的病歷，有助我們提供最適當的護理(請連同有關病歷副本或其他資料一併提交)

<input type="checkbox"/> M1 先天性心臟病 Congenital Heart Disease	<input type="checkbox"/> M7 風濕性心臟病 Rheumatic Heart Disease	<input type="checkbox"/> M13 其他心臟病 *請註明 Other Heart Diseases
<input type="checkbox"/> M2 血友病 Haemophilia	<input type="checkbox"/> M9 乙型肝炎 Hepatitis B	<input type="checkbox"/> M14 其他血病 *請註明 Other Blood Diseases
<input type="checkbox"/> M4 肺結核 Tuberculosis	<input type="checkbox"/> M10 愛滋病毒病感染/愛滋病 HIV / AIDS	<input type="checkbox"/> M15 其他肝病 *請註明 Other Liver Diseases
<input type="checkbox"/> M5 腦癱症(俗稱“發羊吊”) Epilepsy	<input type="checkbox"/> M11 哮喘 Asthma	<input type="checkbox"/> M16 其他傳染病 *請註明 Other Infectious Diseases
<input type="checkbox"/> M6 葡萄糖六磷酸去氫酵素缺乏症 G6PD Deficiency	<input type="checkbox"/> M12 糖尿病 Diabetes	<input type="checkbox"/> M17 腎病 Kidney Disease
<input type="checkbox"/> M8 地中海貧血 Thalassaemia	<input type="checkbox"/> M23 專注力失調/過度活躍症 ADHD	<input type="checkbox"/> M24 自閉症 Autistic Spectrum Disorder
<input type="checkbox"/> M18 遺傳病 *請註明 Hereditary Disorder	<input type="checkbox"/> M19 長期服用藥物 *請註明 Long Term Medication	
<input type="checkbox"/> M20 曾接受的手術 *請註明手術類別及有關年份 Operations	<input type="checkbox"/> M21 藥物過敏反應 *請註明 Allergies to Drugs	
<input type="checkbox"/> M22 其他病患 *請註明 Other Medical Conditions		

**學生健康服務** (詳情請參閱夾附的《核實符合資格人士身份的指引》)

本人同意上述姓名的學生報名參加學生健康服務，亦同意授權衛生署署長向本人、學生就讀學校、政府部門及政策局索取學生的所有相關資料，以辦理報名手續，並確定學生是否屬“符合資格人士”，從而釐定收費。  
[學生如屬“符合資格人士”，可免費使用學生健康服務；如屬“非符合資格人士”，則須在檢查當日繳付憲報刊登的年費(現行收費為港幣 535 元)。]

**學童牙科保健服務** (詳情請參閱夾附的《核實符合資格人士身份的指引》)

本人同意上述姓名的學生(只有在 2020 年 9 月 1 日未滿 18 歲的小學學童才符合資格)報名參加學童牙科保健服務，亦同意接受所需的牙科治療，並承諾與診所職員衷誠合作。本人亦同意授權衛生署署長向本人、學生就讀學校、政府部門及政策局索取學生的所有相關資料，以辦理報名手續，並確定學生是否屬“符合資格人士”，從而釐定收費。(參加學童牙科保健服務的學生須將表格連同港幣 30 元，一併交回學校。學生如屬“非符合資格人士”，則須在收到“學童牙科保健服務”通知後，繳付費用差額港幣 695 元。)

家長/監護人簽署 Ming (請用原子筆/墨水筆) 與學生關係  父  母  監護人

家長/監護人姓名 陳大明 (請用正楷) 日期 9-9-2020

學生姓名 陳大明 地址 旺角西洋菜街1號兆萬中心11樓

學生姓名 陳大明 地址 旺角西洋菜街1號兆萬中心11樓

如有需要，才需要填寫。

請沿此線撕下

此部分必須填寫，並請在適當空格內加上

Department of Health **Application & Consent Form for Student Health Service / School Dental Care Service 2020 / 2021**

SAMPLE

Student Particulars This part must be completed and as appropriate

Name of Child (Please complete the name as printed on Identity Card / Birth Certificate) (Please complete this form in BLOCK letters using ball pen)				Sex																	
Surname (English) Chan	Other name (English) Tai Ming	Surname (Chinese) 陳	Other name (Chinese) 大明	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female																	
Name of School <b>C.C.C. Kei Tsun Primary School</b>		AM <input type="checkbox"/> PM <input type="checkbox"/> Day <input checked="" type="checkbox"/>	Class 1F																		
Please select <b>one</b> of the following documents: Documents No.: <table border="1" style="display: inline-table; text-align: center;"><tr><td>a</td><td>b</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>0</td><td>c</td></tr></table>				a	b	1	2	3	4	5	6	7	8	9	0	c	Date of Birth Day Month Year 0 1 0 1 2 0 2 0				
a	b	1	2	3	4	5	6	7	8	9	0	c									
<input type="checkbox"/> HK Permanent Identity Card <input type="checkbox"/> HK Identity Card (eligibility subject to further checking) <input checked="" type="checkbox"/> HK Birth Certificate (with permanent resident status of HKSAR indicated as "ESTABLISHED") <input type="checkbox"/> HK Birth Certificate (with permanent resident status of HKSAR indicated as "NOT ESTABLISHED") (Student needs to provide other identity documents to prove his/her eligibility. Otherwise, he/she would be charged at "non-eligible person" rate) <input type="checkbox"/> HKSAR Passport <input type="checkbox"/> HKSAR Re-entry Permit <input type="checkbox"/> HKSAR Document of Identity for Visa Purpose (bearing valid visa endorsement to stay in HK) <input type="checkbox"/> Valid travel document (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" <input type="checkbox"/> Valid travel document (Passport) with label / stamp showing "unconditional stay" in HK <input type="checkbox"/> Valid travel document (Passport) 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. <input type="checkbox"/> Travel document (e.g. Passport, Two-way Permit) showing the holder's status as "Visitor" / holders of Form of Recognition (should be charged at "non-eligible person" rate) <input type="checkbox"/> Other identity documents, please specify				Place of Birth 深圳																	
				Date of arrival in Hong Kong (Not for child born in Hong Kong) Month Year 0 1 2 0 2 0																	
				Day-time contact Telephone No. of parent / guardian (Remarks: for phone contact and receiving SMS message) 12345678																	
Student Reference Number (Please refer to the student handbook / school report of last school term) (For P1 student, this number can be found on the P1 Admission Allocation Slip)	School Dental Care Service Number (SDCS No.) (Please refer to SDCS Handbook. Not applicable to new applicant)		Home Telephone No./other cell phone no. 12345678																		
<table border="1" style="display: inline-table; text-align: center;"><tr><td>a</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr></table>	a	1	2	3	4	5	6	7	8	<table border="1" style="display: inline-table; text-align: center;"><tr><td>a</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr></table>		a	1	2	3	4	5	6	7		
a	1	2	3	4	5	6	7	8													
a	1	2	3	4	5	6	7														

Fill in if necessary.

Student Medical History Please check the relevant boxes if your child has ever suffered from the disease

Your child's medical history will help us to provide the most appropriate care (Submit relevant medical document or other information if available)

<input type="checkbox"/> M1 Congenital Heart Disease	<input type="checkbox"/> M7 Rheumatic Heart Disease	<input type="checkbox"/> M13 Other Heart Diseases *Please specify
<input type="checkbox"/> M2 Haemophilia	<input type="checkbox"/> M9 Hepatitis B	<input type="checkbox"/> M14 Other Blood Diseases *Please specify
<input type="checkbox"/> M4 Tuberculosis	<input type="checkbox"/> M10 HIV / AIDS	<input type="checkbox"/> M15 Other Liver Diseases *Please specify
<input type="checkbox"/> M5 Epilepsy	<input type="checkbox"/> M11 Asthma	<input type="checkbox"/> M16 Other Infectious Diseases *Please specify
<input type="checkbox"/> M6 G6PD Deficiency	<input type="checkbox"/> M12 Diabetes	<input type="checkbox"/> M17 Kidney Disease
<input type="checkbox"/> M8 Thalassaemia	<input type="checkbox"/> M23 ADHD	<input type="checkbox"/> M24 Autistic Spectrum Disorder
<input type="checkbox"/> M18 Hereditary Disorder *Please specify	<input type="checkbox"/> M19 Long Term Medication *Please specify	
<input type="checkbox"/> M20 Operations *Please specify the type and date of operation taken	<input type="checkbox"/> M21 Allergies to Drugs *Please specify	
<input type="checkbox"/> M22 Other Medical Conditions *Please specify		

Consent and Declaration This part must be completed and as appropriate

**Student Health Service (SHS)** (Please refer to the attached 'Guidelines to Verification of Eligibility' for details)  
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 me, 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 SHS 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\$535.)

**School Dental Care Service (SDCS)** (Please refer to the attached 'Guidelines to Verification of Eligibility' for details)  
I agree to enrol the above named child (Only primary school children under the age of 18 as at 1<sup>st</sup> September 2020 are eligible to join the SDCS.) in the School Dental Care Service. I give consent to dental treatments considered necessary for my child and undertake to co-operate with the staff of the clinic. I also give consent to and authorize the Director of Health to obtain all relevant information relating to the child from me, the school the child is attending, Government Departments and Bureaux for the purpose of enrolment and establishing the eligibility status of my child for fee-determination purpose.  
(Students joining SDCS are required to submit the form together with HK\$30 to the school. For students who are "non-eligible persons", they have to pay the balance HK\$695 upon notification by the SDCS.)

Signature of Parent / Guardian: Ming (Please use ball pen / ink) Relationship:  Father  Mother  Guardian

Name of Parent / Guardian: Chan Siu Ming (IN BLOCK LETTERS) Date: 9<sup>th</sup> September, 2020

Name of Student Tai MingChan  
Address 旺角西洋菜街 1 號兆萬中心 11 樓

Name of Student Tai MingChan  
Address 旺角西洋菜街 1 號兆萬中心 11 樓

Please tear along this line  
DH 1595 Rev2020