

Notes on applications for:

Student Health Service (F.1 – F.6)

Student Health Service (F.1 – F.6)

The objectives of Student Health Service are to safeguard both the physical and psychological health of students through health promotion and disease prevention services. The service includes physical examination, health assessment, individual health counselling and health education.

Enrolled students of our school will be given an annual appointment at Lam Tin Student Health Service Centre at 5/F Lam Tin Polyclinic, 99 Kai Tin Road, KwunTong.

Students joining Student Health Service will be charged according to their eligibility status. The service is provided free to students who are "eligible persons" (please see "Notes for Parents / Guardians" for details).


Student Health Service (F.1 – F.6)

Please complete this form in BLOCK letters using a black or blue ball pen. Please read the Notes for Parents/Guardians carefully before completion.

Part A of the form must be completed no matter you are enrol the Student Health Service or not. If you are enrol the Service, please complete the Part B . If not, you should complete Part C and state clearly the reason for non-enrolment.

To facilitate document processing, please write down your class and class number at the top right corner of the form.

Class Class No.



Department of Health

Application & Consent Form for Student Health Service 2021/2022

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

A. Student/ Participant Particulars (This part must be completed and ☒ as appropriate)

Name of Student / Participant (Please complete the name as printed on Identity Card / Birth Certificate) Date of Birth _____ Sex ☐ Male ☐ Female

Surname (English) _____ Other name (English) _____ Surname (Chinese) _____ Other name (Chinese) _____ Day Month Year _____

Name of school (if applicable) **KWUN TONG MARYKNOLL COLLEGE** AM ☐ PM ☐ Whole Day Class _____

Type of document:

☐ 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 (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"
☐ Valid travel document (Passport) with label / stamp showing "unconditional stay" in HK
☐ 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
☐ 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)
☐ 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
☐ Other identity documents, please specify _____

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) _____

Address: Room _____ Floor _____ Block _____

Building _____

Street _____

District _____

Mail Collection Number _____

☐ Hong Kong ☐ Kowloon ☐ New Territories ☐ Others _____

Day-time contact telephone no. of parent / guardian (Remarks: for phone contact and receiving SMS message) _____

Home telephone no. / other cell phone no. _____

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 Departments and Bureaux and 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\$535.)

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)

Student Health Service (F.1 – F.6)

All F.1 students must return their completed "Application and Consent Form" to the G.O. on or before 17th September 2021.

For more details, please visit the following webpage:

<https://www.studenthealth.gov.hk/eindex.html> - English

<https://www.studenthealth.gov.hk/cindex.html> - Chinese