

CHI YUN SCHOOL

2023-2024

Student Health Service (Primary school)

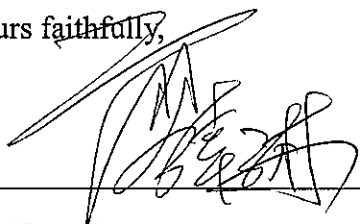
22nd March 2024

Dear Parents,

For the **primary students who have enrolled** in the Student Health Service at September of year 23-24 will be arranged to attend the service on **26th April 2024 (Friday)**. Parents or helpers are required to accompany their children during assessment. Our school will arrange the transportation for students and parents. Details are shown below:

Date	:	26th April 2024 (Friday) (JP.1, JP.2, SP.1 and SP.2)	
Place	:	Lam Tin Student Health Service Centre (5/F, Lam Tin Polyclinic, 99 Kai Tin Road, Kwun Tong)	
Assembly Time	:	<u>Before 9:15a.m</u>	
Assembly Location	:	<u>Library (G/F)</u>	
Transportation Fee	:	Free shuttle bus (provided by Student Health Service Centre), \$35 for school bus (included one student and one adult)	
Document required	:	Identity Document(s), Past Medical Records and Child Health Record Students who wear glasses should bring along their glasses.	
Schedule	:	9:30a.m.	Aboard Time
		10:00a.m.	Arrive at the Clinic
		10:15a.m.-11:45a.m.	Treatment
		12:00n.n.	Returning Time
		12:30p.m.	Back to School
		12:45p.m.-1:30pm.	Lunch

Yours faithfully,



Liu Hang Lam

Acting Principal, Chi Yun School

Reply slip

I am the parent of _____ (Class) _____ (Student Name). I understand that the importance of accompanying my children for the annual health assessment. Presence of parent allows clinic staff to inquire about children's health conditions. If indicated, medical staff can perform physical and/or pubertal examination (including puberty assessment and examination of external genitalia and secondary sexual characteristics) with parental presence and consent. Appropriate health advice can be provided to parent and student face to face. If parent cannot come with their children, the aforementioned health assessment and examination may be affected.

* I can / cannot accompany my child in this activity (No. of _____ parent(s)). In case my child has any health problems, I agree with the immediate action taken by the school or the organizer.

* I do need / do not need to apply School-based After School Learning and Support Programmes to waive transportation fee for my child.

(* Please put a "✓" in the appropriate box.)

Parent's Name : _____

Parent's Signature : _____

Date: _____