Circular No.5E/19

( Applicable to the whole school )

## 國民學校 KWOK MAN SCHOOL

Phone: 29810432 Fax: 29816345



Address: 30 Kwok Man Road, Cheung Chau

<sup>2nd</sup> September, 2019

## Parental Consent on Student Participation in

## **Physical Education Lessons and Activities**

Dear Parents,

The school emphasizes a well-balanced development in the five aspects of education; namely, moral, intellectual, physical, social and aesthetical. Physical Education (PE) has been one of the compulsory courses. Participating in a moderate amount of PE activities is valuable for the students' mental and physical health. In order to know the general state of students' health and provide the most appropriate assistance in the event of accident, parents are kindly requested to provide the information below.

Mr. Lo Wan Kai (Supervisor)

Ms. Kwok Yuen Ki (Principal)

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## Parental Consent on Student Participation in PE Lessons and Activities (Reply Slip)

Name of Student:		Class:	_ (	)
(	Please put a      I   in the appropriate box)			
	My child is healthy, I approve his/her particip	nation in PE Lessons	and act	ivities.
	· · · · · · · · · · · · · · · · · · ·			
	My child suffers from, he/she is not suitable for participating in the PE lessons and activities.			
	Lessons and activities.			
	My child suffers from the following disease(s PE lessons and activities.	s), however he/she is	suitable	e for participating in
I	f the student has ever had the medical conditi	ion(s) below, please p	out a	「✓』 in the
a	appropriate box(es) and give details.			
	Diseases	Age detected		etails of Disease
	G (DD 1 G )			by doctors)
	G6PD deficiency			
	Bronchial asthma			
	Epilepsy Fits due to fever			
	Kidney disease			
	Heart disease			
	Diabetes mellitus			
	Hearing defect			
	Anaemia			
	Other blood disease			
	Allergy to drugs			
	Other allergies :			
	Tuberculosis			
	Others:			
	I	Parent's signature :		
		_		
		= 4.00		