Po Leung Kuk Centenary
Li Shiu Chung Memorial College
保良局**百周年**李兆忠紀念中學

Circular:
2425 -
C004

體育課家長同意書

敬啟者：

體育科是本校課程的一部份，內容包括體適能測試及長跑作為熱身，每位學生均須參加體育課。惟　貴家長必須留意，如　貴子弟患有任何疾病，應徵詢醫生的意見，是否適宜上體育課。如　貴子弟需要暫時或長期豁免上體育課，必須呈示註冊醫生證明書。

請填妥下列部份及背頁，並將整份通告交回本校，以便辦理及存案。若發現　貴子弟有任何健康狀況的改變，祈請立刻通知本校。

此致
貴家長

保良局百周年李兆忠紀念中學
呂恒森校長謹啟

二零二四年七月十一日

學生姓名:_____　　性別:_____　班別:_____　學號:_____

本人已知悉體育課的要求，並
☐　同意上述學生適宜上體育課。
☐　認為上述學生不適宜上體育課，茲附上醫生證明書。
☐　請豁免上述學生由_____至_____上體育課，茲附上醫生證明書。
(請於適當方格內加上✓號)

此覆
保良局百周年李兆忠紀念中學校長

家長簽署：_____

家長姓名：_____

日　　期：_____

[在此鍵入]

Po Leung Kuk Centenary
Li Shiu Chung Memorial College
保良局百周年李兆忠紀念中學

Circular:
2425 -
E004

11th July, 2024

Dear Parents,

Re: Parents' Consent for having P.E. Lessons

As part of our school curriculum, every student must take P.E. lessons which are comprised of physical tests and long distance running for warming up. However, if any students suffer from any illness, doctors' advice on whether to take P.E. lessons should be sought. In case your child needs an exemption temporarily or for a long term, a doctors' certificate will be required.

Please fill in the form below and submit it to the school for follow-up and filing. If you detect any change in your child's health condition, please inform the school as soon as possible.

Thank you for your attention.

Yours sincerely,

Mr. Lui Hang Sum
Principal

To: The Principal,
PLK Centenary Li Shiu Chung Memorial College

Please be informed of the following:
Student's Name: _____ Sex: _____ Class: _____ Class No.: _____

We are fully aware of the requirements of the P.E. lessons and
☐ agree that the above named student can take P.E. lessons

☐ the above named student cannot take P.E. lessons (Doctor's certificate attached)

☐ please exempt the above named student from P.E. lessons from _____ to _____
(Doctor's certificate attached)
(Please tick the appropriate box)

Parent's Signature: _____

Parent's Name : _____

Date : _____

保良局百周年李兆忠紀念中學
Po Leung Kuk Centenary Li Shiu Chung Memorial College

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學生病歷表 MEDICAL RECORD					
學生姓名: Student's name	(English)			(中文)	
班別 (班號): Class (Class no.)	( )	性別: Sex		出生日期: Date of birth	
家長/監護人姓名: Parent's/ Guardian's name				聯絡電話: Contact no.	

1. 如學生曾患有以下疾病，請在適當的方格內註明「x」記號及列出詳情：
（由家長/監護人自行決定是否填寫）
If the above named student has contracted the following illnesses, please indicate by putting "x" in the appropriate box(es) and provide further details. (Parent/Guardian may fill in the following at his/her own discretion.)

		患病時年齡 Age when contracted	疾病資料 Details
	葡萄糖六磷酸去氫酵素缺乏症 G6PD deficiency		
	哮喘 Asthma		
	腦癇症 Epilepsy		
	發熱性痙攣 Fever fit		
	腎病 Kidney disease		
	心臟病 Heart disease		
	糖尿病 Diabetes		
	聽覺不健全 Hearing defect		
	血友病 Haemophilia		
	貧血 Anaemia		
	其他血病 Other blood diseases		
	藥物敏感 Allergy to drugs		
	疫苗敏感 Allergy to vaccines		
	食物敏感 Allergy to food		
	其他敏感 Other allergies		
	肺結核 Tuberculosis		
	小手術 Minor operation		
	大手術 Major operation		
	其他 Others		

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：
If you deem your child unsuitable for P.E. lessons or any other school activities, please clearly specify:

_____

_____

_____

_____

此外，請提交醫生證明書供校方參考。
A medical certificate should be provided for reference.

3. 其他補充資料：
Any other specific information:

_____

_____

_____

家長簽署:
Parent's signature: _____

日期:
Date: _____