

Hong Kong Christian Service Pui Oi School

School Notice: 2019/20_005

2nd September, 2019

Dear Parents,

Re: Student Health Record

The **student health record** (see the attachment) will be updated yearly in order to meet the health needs of your child. With regard to the requirements of the “Personal Privacy Ordinance”, the student’s health information is only disclosed to medical organizations such as dental care service, student health service or to medical staff under emergency situations so as to provide the appropriate medical care to the student.

For enquiry: 2490 2955 (Miss Kan/Miss Li/Miss Tsoi/Miss Pak, School nurse)

Yours sincerely,

A handwritten signature in blue ink, appearing to be 'Wan Chun Ki', written in a cursive style.

Mr.WAN Chun Ki

Principal

Hong Kong Christian Service Pui Oi School

Student Health Record

2019-2020

Confidential

With regard to the requirements of the “Personal Privacy Ordinance”, student’s health information is only disclosed to medical organizations such as dental care service, student health service or in emergency situations so as to provide the appropriate medical care to the student.

1. Student Personal Particulars

Name :	Sex:	Date of Birth:
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2. Allergy History

Drug : (e.g. Augmentin)	Food : (e.g. nuts)	Others : (e.g. micropore)

3. Medical Follow-Up (Copies of Appointment slips are accepted)

<u>Hospital/Clinic/Doctor</u>	<u>Department/Specialty</u>	<u>Next appointment date</u>
e.g. Tuen Mun Hospital	Paediatrics	5/4/2020
1.		
2.		
3.		
4.		
5.		
6.		
7.		

4. List currently medication (s) your child has been taking.

(The drug label with original doctor's prescription should be provided to school nurse for reference, and a copy of this prescription will be made for retention of the school for future use if necessary.)

<u>Drug Name</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Route</u>
<i>e.g. Panadol</i>	<i>500mg</i>	<i>4 times a day</i>	<i>Oral/ rectal/ intravenous</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

5. List any surgery your child has undergone in the past year.

(Medical Certificate is accepted)

<u>Name of Surgery</u>	<u>Date of surgery</u>	<u>Hospital</u>
<i>e.g. Botox injection</i>	<i>4/4/2018</i>	<i>Tuen Mun Hospital</i>
1.		
2.		
3.		

6. List any infectious disease your child has been infected in the past year. (Please attach Medical Certificate)

<u>Name of Infectious Disease</u>	<u>Date of being Infected</u>	<u>Hospital/Clinic/Doctor</u>
<i>e.g. chicken pox</i>	<i>01/08/2019</i>	<i>Tuen Mun Hospital</i>
1.		
2.		

7. Other nursing care needs

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Parent's Name : _____

Parent's Signature : _____

Relationship with student: _____

Date : _____

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