

Hong Kong Christian Service Pui Oi School

School Notice: 2020/21\_014

29<sup>th</sup> September, 2020

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**

2020-2021

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 to medical staff under 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. <i>Augmentin</i> )	Food : (e.g. <i>nuts</i> )	Others : (e.g. <i>micropore</i> )

**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**

Parent’s Name : \_\_\_\_\_

Parent’s Signature : \_\_\_\_\_

Relationship with student: \_\_\_\_\_

Date : \_\_\_\_\_