



Student Particulars This part must be completed and <input checked="" type="checkbox"/> as appropriate		Name of Child (Please complete the name as printed on Identity Card / Birth Certificate) (Please complete this form in BLOCK letters using ball pen)				Sex																		
		Surname (English)		Other name (English)		Surname (Chinese)		Other name (Chinese)		<input type="checkbox"/> Male <input type="checkbox"/> Female														
Name of School		AM <input type="checkbox"/> PM <input type="checkbox"/> Day <input type="checkbox"/> Class																						
		* Student should bring along the stated identity document when attending our clinics / centres.																						
		Document No.: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														Date of Birth Day <table border="1"><tr><td></td><td></td></tr></table> Month <table border="1"><tr><td></td><td></td></tr></table> Year <table border="1"><tr><td></td><td></td><td></td></tr></table>								
Type of document: <input type="checkbox"/> HK Permanent Identity Card <input type="checkbox"/> HK Birth Certificate (with permanent resident status of HKSAR indicated as "ESTABLISHED") <input type="checkbox"/> HKSAR Passport <input type="checkbox"/> HKSAR Re-entry Permit <input type="checkbox"/> HKSAR Document of Identity for Visa Purpose (bearing valid visa endorsement to stay in HK) <input type="checkbox"/> Travel document (PRC Passport) with label / stamp showing "right to land" / "right of abode" / "permitted to land" in HK / "previous conditions of stay are hereby cancelled" / "eligibility for HK permanent identity card verified" <input type="checkbox"/> Travel document (PRC Passport) with label / stamp showing "unconditional stay" in HK <input type="checkbox"/> Travel document (PRC Passport) with label / stamp showing "permitted to remain until (date)" or "permission to remain extended until (date)" in HK provided that the holder is not a visitor and has not overstayed in HK <input type="checkbox"/> Travel document (Overseas Passport) with label / stamp showing "right to land" / "right of abode" / "permitted to land" in HK / "previous conditions of stay are hereby cancelled" / "eligibility for HK permanent identity card verified" <input type="checkbox"/> Travel document (Overseas Passport) with label / stamp showing "unconditional stay" in HK <input type="checkbox"/> Travel document (Overseas Passport) with label / stamp showing "permitted to remain until (date)" or "permission to remain extended until (date)" in HK provided that the holder is not a visitor and has not overstayed in HK Student who selects the following documents is required to further provide requested information to prove his / her eligibility. Otherwise, he / she would be charged at "non-eligible person" rate <input type="checkbox"/> HK Birth Certificate (with permanent resident status of HKSAR indicated as "NOT ESTABLISHED") <input type="checkbox"/> HK Identity Card (only applicable for the age of 11 or above) <input type="checkbox"/> Travel document (PRC Passport) showing the holder's status as "Visitor" <input type="checkbox"/> Travel document (Overseas Passport) showing the holder's status as "Visitor" <input type="checkbox"/> Exit / Entry Permit for Travelling to and from Hong Kong & Macao (Two-way Permit) <input type="checkbox"/> Holders of Immigration Recognizance Form <input type="checkbox"/> Other identity documents, please specify _____				Place of Birth <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
				Contact Telephone No. of Parent / Guardian (Remarks: for receiving SMS message and phone contact)																				
				Home Telephone No. / Other Cell Phone No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Student Medical History and Declaration This part must be completed and <input checked="" type="checkbox"/> as appropriate		Your child's medical history will help us to provide the most appropriate care (Submit relevant medical document or other information if available)																						
		<input type="checkbox"/> M1 Congenital Heart Disease		<input type="checkbox"/> M7 Rheumatic Heart Disease		<input type="checkbox"/> M13 Other Heart Diseases *Please specify																		
		<input type="checkbox"/> M2 Haemophilia		<input type="checkbox"/> M9 Hepatitis B		<input type="checkbox"/> M14 Other Blood Diseases *Please specify																		
		<input type="checkbox"/> M4 Tuberculosis		<input type="checkbox"/> M10 HIV / AIDS		<input type="checkbox"/> M15 Other Liver Diseases *Please specify																		
		<input type="checkbox"/> M5 Epilepsy		<input type="checkbox"/> M11 Asthma		<input type="checkbox"/> M16 Other Infectious Diseases *Please specify																		
<input type="checkbox"/> M6 G6PD Deficiency		<input type="checkbox"/> M12 Diabetes		<input type="checkbox"/> M17 Kidney Disease																				
<input type="checkbox"/> M8 Thalassaemia		<input type="checkbox"/> M23 ADHD		<input type="checkbox"/> M24 Autistic Spectrum Disorder																				
<input type="checkbox"/> M18 Hereditary Disorder *Please specify		<input type="checkbox"/> M19 Long Term Medication *Please specify																						
<input type="checkbox"/> M20 Operations *Please specify the type and date of operation taken		<input type="checkbox"/> M21 Allergies to Drugs *Please specify																						
<input type="checkbox"/> M22 Other Medical Conditions / Allergies *Please specify																								
Consent and Declaration This part must be completed and <input checked="" type="checkbox"/> as appropriate		I have thoroughly read and completed the above medical history section. I confirm that the reported medical history is true and accurate.																						
		Student Health Service (StdHS) (Please refer to the attached 'Guidelines to Verification of Eligibility' for details) I agree to enrol the above named child in the Student Health Service . I give consent to have health assessment including physical examination considered necessary for my child and undertake to co-operate with the staff of the centre. I also give consent to and authorise the Director of Health to obtain or disclose all relevant information relating to the child from me, the school the child is attending, the service providers engaged by StdHS, Government Departments and Bureaux and relevant parties for the purpose of enrolment and follow-up appointment and establishing the eligibility status of the child for fee-determination purpose. (The StdHS is provided free for those students who are "eligible persons". For "non-eligible persons", they have to pay on the appointment day the gazetted annual fee, the prevailing fee is HK\$615)																						
		School Dental Care Service (SDCS) (Please refer to the attached 'Guidelines to Verification of Eligibility' for details) I agree to enrol the above named child (Only primary school children under the age of 18 as at 1 st September 2025 are eligible to join the SDCS.) in the School Dental Care Service . I give consent to dental treatments considered necessary for my child and undertake to co-operate with the staff of the clinic. I also give consent to and authorise the Director of Health to obtain all relevant information relating to the child from me, the school the child is attending, Government Departments and Bureaux for the purpose of enrolment and establishing the eligibility status of my child for fee-determination purpose. (Students joining SDCS are required to submit the form together with HK\$36 to the school. For students who are "non-eligible persons", they have to pay the balance HK\$799 upon notification by the SDCS.)																						
Signature of Parent / Guardian		<table border="1"><tr><td></td></tr></table>					(Please use ball pen)				Relationship <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian													
Name of Parent / Guardian		<table border="1"><tr><td></td></tr></table>			(IN BLOCK LETTERS)				Date _____															

Please tear along this line

Name of Student _____
Address _____

Name of Student _____
Address _____
