



Application & Consent Form for Student Health Service 2019/2020

Department of Health

(Please complete this form in BLOCK letters using ball pen)

A. Student/ Participant Particulars (This part must be completed and as appropriate)

Name of Student /Participant (Please complete the name as printed on Identity Card / Birth Certificate)				Date of Birth			Sex			
Surname (English)		Other name (English)		Surname (Chinese)		Other name (Chinese)		Day Month Year	<input type="checkbox"/> Male	<input type="checkbox"/> Female
								<input type="checkbox"/>	<input type="checkbox"/>	

Name of school (if applicable) _____ AM PM Whole Day Class

Type of document: _____ Document No.: _____

HK Permanent Identity Card
 HK Identity Card
 HK Birth Certificate (with permanent resident status of HKSAR indicated as "ESTABLISHED")
 HK Birth Certificate (with permanent resident status of HKSAR indicated as "NOT ESTABLISHED") (Student needs to provide other identity documents to prove his/her eligibility. Otherwise, he/she would be charged at "non-eligible person" rate)
 HKSAR Passport
 HKSAR Re-entry Permit
 HKSAR Document of Identity for Visa Purpose (bearing valid visa endorsement to stay in HK)
 Valid travel document (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"
 Valid travel document (Passport) with label / stamp showing "unconditional stay" in HK
 Valid travel document (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
 Travel document (e.g. Passport, Two-way Permit) showing the holder's status as "Visitor" / holders of Form of Recognizance (should be charged at "non-eligible person" rate)
 Other identity documents, please specify _____

B. Consent and Declaration (If you agree to enrol your child in the Student Health Service, please complete this part)

Place of Birth	Period of arrival in Hong Kong (Not for child born in Hong Kong) Month Year	Day-time contact telephone no. of parent / guardian (Remarks : for phone contact and receiving SMS message)
Address: Room Floor Block		Home telephone no. / other cell phone no.
Building		
Street		
District		
Mail Collection Number		
<input type="checkbox"/> Hong Kong <input type="checkbox"/> Kowloon <input type="checkbox"/> New Territories <input type="checkbox"/> Others _____		

I agree to enrol the above named child in the Student Health Service. I 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 (if applicable), Government Departments and Bureaux for the purpose of enrolment and establishing the eligibility status of the child for fee-determination purpose.

(The Student Health Service is provided free for those students/participants 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\$535. Please refer to the attached "Notes for Parents/Guardians" for details.)

Signature of Parent / Guardian _____ Relationship Father Mother Guardian

Name of Parent / Guardian _____ Date _____
(Please complete in block letter)

C. Do not agree to enrol (If you disagree to enrol your child in the Student Health Service, please complete this part)

I do not agree to enrol the above named child in the Student Health Service.

Reason for non-enrolment _____

Signature of Parent / Guardian _____ Relationship Father Mother Guardian

Name of Parent / Guardian _____ Date _____
(Please complete in block letter)

Statement of Purposes **Student Health Service**

Purpose of Collection

1. The personal data are provided by patients and clients with whom the Department of Health (DH) interacts in the delivery of the services, and other related activities. The personal data provided will be used by DH for validation of authenticity of identity for the following purposes:
 - a. Proof of eligibility;
 - b. Providing services including but not limited to clinical service, appointment arrangement and notification and client relation matters;
 - c. Record of test results / examination / investigation / treatment for continuation of care or reference by other medical professionals;
 - d. Consent for particular treatments / tests;
 - e. Tracking of payment;
 - f. Suspected outbreak investigation;
 - g. For notification of tuberculosis or other disease reportable/ notifiable for public health purposes;
 - h. Tracing defaulters for follow-up / treatment;
 - i. Record of enrolment / management;
 - j. For preparing statistics and accounting reports, epidemiological surveillance, carrying out research or teaching purpose; and
 - k. Audit purpose.

- * The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove your eligibility for specific service / activities and cannot provide service / assistance to you or even the service / assistance may still be provided, you will be charged at the “non-eligible persons” (usually higher) rate.

Classes of Transferees

2. The personal data you provide are mainly for use within the DH but they may also be disclosed to other Government bureaux / departments or relevant parties for the purposes mentioned in para. 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

Enquiries

4. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to:

Student Health Service

Clerical Officer
4/F, Lam Tin Polyclinic,
99, Kai Tin Road, Kwun Tong,
Kowloon
Telephone : 3163 4600