

# Department of Health Application & Consent Form for Student Health Service / School Dental Care Service 2022 / 2023

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)		<input type="checkbox"/> Male	
	Surname (Chinese)		Other name (Chinese)		<input type="checkbox"/> Female	
Name of School						
AM <input type="checkbox"/> PM <input type="checkbox"/> Day <input type="checkbox"/> Class <input type="text"/>						
Please select one of the following documents: Document No. <input type="text"/>						
<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"/> 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" <input type="checkbox"/> Valid travel document (Passport) with label / stamp showing "unconditional stay" in HK <input type="checkbox"/> 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. <input type="checkbox"/> 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) <b>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</b> <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"/> Other identity documents, please specify						
Student Reference Number <input type="text"/>		School Dental Care Service Number (SDCS No.) <input type="text"/>		Date of Birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>		
(Please refer to the student handbook / school report of last school term) (For P1 student, this number can be found on the P1 Admission Allocation Slip)		(Please refer to SDCS Handbook. Not applicable to new applicant)		Place of Birth Date of arrival in Hong Kong (Not for child born in Hong Kong) Month <input type="text"/> Year <input type="text"/>		
				Day-time contact Telephone No. of parent / guardian (Remarks : for phone contact and receiving SMS message) <input type="text"/>		
				Home Telephone No./other cell phone no. <input type="text"/>		
Student Medical History 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				
I have thoroughly read and completed the above medical history section. I confirm that the reported medical history is true and accurate.						
Consent and Declaration This part must be completed and <input checked="" type="checkbox"/> as appropriate.	<input type="checkbox"/> <b>Student Health Service (SHS)</b> (Please refer to the attached 'Guidelines to Verification of Eligibility' for details) I agree to enrol the above named child in the <b>Student Health Service</b> . I 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 SHS, 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 SHS 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\$535.)					
	<input type="checkbox"/> <b>School Dental Care Service (SDCS)</b> (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 <sup>st</sup> September 2022 are eligible to join the SDCS.) in the <b>School Dental Care Service</b> . 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\$30 to the school. For students who are "non-eligible persons", they have to pay the balance HK\$695 upon notification by the SDCS.)					
Signature of Parent / Guardian <input type="text"/>		(Please use ball pen / ink)		Relationship <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian		
Name of Parent / Guardian <input type="text"/>		(IN BLOCK LETTERS)		Date <input type="text"/>		

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Please tear along this line

Name of Student   
Address

Name of Student   
Address