

有關學生健康服務/學童牙科保健服務申請事宜

各位家長：

為促進及保持學生的身心健康發展，現誠邀 貴子弟參加下列服務：

1. 衛生署提供 2021/2022 年度「學生健康服務」，費用全免，惟是項服務須家長自行按衛生署編排之個別預約日期陪同學生前往診所。
2. 衛生署提供「學童牙科保健服務」(18 歲以下，2003 年 9 月 1 日或以後出生學生適用)，收費港幣三十元，是項服務有學童牙科巴士接送學生往返牙科診所。

請家長/監護人詳閱隨通告附上的資料單張及衛生署通函，並請以正楷填妥申請表、回條，連同所需費用，於 9 月 8 日(星期三) 或前交回本校辦理；請家長按時交回申請表格，以便校方能準時交妥表格予衛生署。不參加保健服務，也須清楚填寫申請表及回條並交回。

如有疑問可致電 24551615 向本校護士曾姑娘/鄭姑娘查詢。

此致

貴家長/監護人

匡智屯門晨曦學校校長



(林莉玲)謹啟

2021 年 9 月 1 日

回 條

(護字2021-2022/02)

有關學生健康服務/學童牙科保健服務申請事宜

敬覆者：

本人 () 同意 / 不同意 敝子弟參加「學生健康服務」

() 同意 / 不同意 敝子弟參加「學童牙科保健服務」，並交來港幣三十元

此覆

匡智屯門晨曦學校校長

請於9月8日(星期三) 或前 交回回條及參加表格

班學生_____

家長/監護人簽署：_____

2021年 9 月 日

September 1, 2021

Dear Parents/ Guardians,

Student Health and Dental Care Services

To acknowledge the health status of students, the Department of Health has provided our students with:

1. Student Health Service 2021/2022 for FREE, this service requires parents to accompany the students to the clinic on their own appointment dates assigned by the Department of Health.
2. School Dental Care Service for **\$30** (for all students under age 18, applicable to students who born on or after 1 Sep, 2003). Shuttle bus services to pick-up and drop-off our students to and from the clinic.

The attached are leaflets and letters from Department of Health. Students are encouraged to join the services, parents/ guardians are requested to fill in the application form with **Block Letter**, sign the application and return slip together with \$30 to school before September 8, 2021 (Wednesday). **Students do not join the services**, parents /guardians **should also sign the application form and return the reply slip.**

For any enquiries, please contact our school nurse Ms Tsang / Ms Cheng at 2455 1615.

Yours faithfully,



Lam Lee Ling
Principal

✂-----Reply Slip-----

Dear Principal,

Student Medical Health Matters

Ref No: Nur2021-2022/02

I understand the details of the captioned circular and

*I agree /do not agree that my son/daughter join Student Health Service

*I agree /do not agree that my son/daughter join School Dental Care Service. Attached please find \$30.

Please delete as appropriate.

Please return the slip before September 8, 2021(Wednesday).

Yours sincerely,

(Class: _____) Student: _____

Parent /Guardian's Signature: _____

Date: _____ / _____ / 2021