

MEDICAL INFORMATION & EMERGENCY CONTACT DETAILS
健康狀況及緊急事故聯絡資料

STUDENT NAME: _____
學生姓名

LEVEL/GROUP: _____ (由演藝學院填寫)
級別/組別

STUDENT NO: _____ (由演藝學院填寫)
學生號碼

****The following information needs to be provided by the parent****
以下資料須由家長提供

Student's Age: _____ **Date of Birth:** _____ **Gender:** M/F
學生年齡 出生日期 性別

ID No. _____ **Nationality (by passport)** _____
身分證號碼 國籍 (護照)

Address: _____
住址

Tel (Home): _____
電話 (住址)

Parent/ Guardian Tel (Work): _____
家長/監護人電話 (工作)

Parent/ Guardian Tel (Mobile): _____
家長/監護人電話 (手機)

In case of emergency, contact: _____
緊急情況下，請聯絡

Relationship: _____ **Contact telephone:** _____
關係 聯絡電話

MEDICAL CONDITION AND BACKGROUND

健康狀況和背景（註：下列所有項目必須填寫）

ALLERGIES:

過敏症

Allergy to 過敏	Name of allergen 過敏原名稱	Severe Anaphalaxis 嚴重全身型過敏性 反應	Slight Non life threatening 輕微, 不危及生命	None 沒有
Foods 食物				
Insects 昆蟲				
Drugs 藥品				
Animals 動物				
Grasses, pollen 草, 花粉				
Other 其他				

Describe what happens during an allergic reaction: _____
描述過敏症發生時會有什麼反應

In the event of a reaction, what actions are necessary: _____
如有以上反應，應採取甚麼舒緩行動

Has hospitalization occurred because of a reaction: NO/YES Date: _____
曾否因過敏症而入院治療 沒有/有 日期

Name of allergy medication: _____
治療過敏藥物名稱

ASTHMA:

哮喘

Does your child suffer from asthma? YES/NO
你的孩子有沒有哮喘病 有/沒有

Please indicate how severe your child's asthma is:
請顯示你孩子哮喘病的嚴重程度

Mild 溫和	Moderate 中等	Severe 嚴重
Attacks are rare, limited mostly to tightness and wheezing 哮喘發作是少有的，只限於胸 部緊張和喘鳴	Occasional attacks which can be self managed using prescribed medication 偶發性哮喘發作，是能夠使用處 方藥物自行處理	Attacks are regular and often require hospital treatment 哮喘發作是經常性的，通常 需要入院治療

When was your child's last asthma attack? _____
你孩子對上一次的哮喘發作是什麼時候

Did your child require medical/hospital treatment?

那一次哮喘發作，你孩子有沒有接受醫療/入院治療

YES/NO

有 / 沒有

Please list what triggers your child's asthma attacks: _____

請列出什麼事物會觸發你孩子的哮喘發作：

Please give details of medication that needs to be administered in the event of an attack:

如果你孩子的哮喘發作，請提供所需藥物的詳細資料

Does your child have any of the following medical conditions that may require **EMERGENCY** medical care?

你孩子有沒有以下的病況，可能需要緊急醫療服務？

Medical Condition 疾病狀況	Yes 有	No 沒有
G6PD deficiency 葡萄糖六磷酸鹽脫氫酶缺乏症		
Bone / Joint problems 骨骼/關節問題		
Diabetes 糖尿病		
Tires easily 容易疲倦		
Hypertension 高血壓		
Convulsions/Epilepsy 抽筋症/癲癇症		
Kidney Disease 腎臟疾病		
Rare Blood Type 稀有血型		
Heart Condition 心臟疾病		
Previous concussion or head injury 曾經有腦震盪或頭部創傷		
Previous serious injury 曾經有嚴重創傷		
Dizziness/Fainting spells 頭暈/眩暈		
Previous surgery 曾經接受手術		
Rheumatic fever 風濕熱		

If **YES**, please supply additional information.

如果是，請提供更多的資料。

Other medical information 其他疾病狀況	Yes 有	No 沒有
Frequent nose bleeds 頻密的流鼻血		
Psychological condition 心理狀況		
Hearing impairment 聽力損害		
Contact lens/glasses 隱形眼鏡/眼鏡		
Travel sickness 旅遊性的眩暈		

Is your child currently taking long-term medication?
你的孩子目前正在長期服藥？

YES/NO
有/沒有

If YES, please supply additional information.
如果是，請提供更多的資料。

Has your child had a tetanus injection within the last 10 years?
你的孩子在過去 10 年有沒有注射破傷風針？

YES/NO
有/沒有

DECLARATION

聲明

I have completed this medical form accurately, truthfully and to the best of my knowledge as of today's date. I understand that it is my responsibility to inform the HKAPA of any new medical condition or change in this information.

本人確認已就現在一切所知，真實無誤地填報健康狀況表。本人明白此乃本人之責任對香港演藝學院提供任何更改或新的健康狀況。

I hereby give consent and full authority for the staff or agents of the HKAPA to arrange for and consent to any medical treatment or hospitalisation for my child/guardian while he/she is in the care of the school. I further authorise these staff members to enter into and execute, on my behalf, such documents or consents as may be required by medical practitioners, health care professionals or hospitals for such purposes. I have read the communications sent by HKAPA and I give my consent for my son/daughter to participate in the Applied Learning Course.

如本人的子女在學校課堂中發生事故，在此，本人同意和完全授權給予香港演藝學院的工作人員執行任何醫療或安排送院治療。本人還授權香港演藝學院的工作人員代表我將此文件交予醫護人員或醫院作醫療用途。本人已知悉香港演藝學院發出的信函和我同意我的兒子/女兒參加應用學習課程。

Signature of parent/guardian: _____ Date: _____
家長/監護人簽名 日期

Name of parent/guardian: _____ Relationship to student: _____
家長/監護人姓名 關係

Name of student: _____
學生名稱

****Although Third Party Insurance is covered within the Academy's campus, it is strongly recommended for all students to acquire private medical insurance by the commencement of the course.****

雖然香港演藝學院已為校園購買了第三者保險，本院強烈建議所有學生在開學前須擁有私人的醫療保險。

Remark: This form must be returned on or before 31 July, 2020 by post to Complimentary Studies – Applied Learning Unit

註：此表格必須於 2020 年 7 月 31 日或之前郵寄交回輔助學科應用學習課程組。