



Checklist Of What To Bring Back To Kindergarten

Child's Name: _____

Class: _____ Session: AM / PM

- ☐ Email Address & Preferred Name Form
- ☐ Photographs Permission in Kindergarten Form
- ☐ Contact List Permission Form
- ☐ Small Group Outing and Passing Information to Primary School Permission Form
- ☐ Parental Consent form
- ☐ T3 Arrangements Letter
- ☐ Medical Information form
- ☐ 2 passport sized recent photos (for security cards)
- ☐ 'All About Me' Booklet





Email Address Record Form

As the Kindergarten will communicate with parents via email throughout the year, parents are advised to check the email account(s) from time to time, and inform the Kindergarten immediately if there is a change. Thank you.

CHILD:

Surname : _____ First Name : _____

Class : _____ Session : AM / PM

PARENTS' EMAIL ADDRESSES:

1. Email address (dad) : _____

2. Email address (mum) : _____

Child's Preferred Name Form

All children will be given a name badge with their preferred name and family name printed in a large font together with their class logo. Please confirm if your child's name differs from what was stated on the application form:

Child's Preferred:

First Name: _____

Surname : _____



Photograph Permission

For 'Kindergarten In-house' Photo Albums:

I **give permission / do not give permission** for photograph of my child in the Kindergarten play photos to be used in Wu Kai Sha internal displays and e-portfolio learning evidence display materials in websites (Parent-Access ONLY) or within the kindergartens.

Signed: _____ Parent/Guardian

Date: _____

For Public Advertising Materials:

I **give permission / do not give permission** for photograph of my child in the Kindergarten to be used in any ESF International Kindergarten advertising materials in websites or press articles.

Signed: _____ Parent/Guardian

Date: _____

Photos taken by Parents:

I understand that any photos taken by myself or any other family members within the kindergarten are for personal use.

Signed: _____ Parent/Guardian

Date: _____



Contact (Play-Date) List Permission

These details are intended to help parents network and setup play-dates and outings ONLY. These details are NOT intended for any other use by the school or other parents.

I DO / DO NOT give permission for the following details to be made available to other parents.

Signature : _____ Parent / Guardian

Preferred Contact Details:

1. Names: _____ Phone No.: _____

Email address: _____

2. Names: _____ Phone No.: _____

Email address: _____



Permission Slip For A Small Group Outing In the Immediate Vicinity Of The Kindergarten

I give permission for my child to be taken on small group outings from ESF International Kindergarten, Wu Kai Sha to places in the immediate vicinity of the premises. I will expect that my child will always be under the supervision of a teacher of the Kindergarten and with an adult at all times.

Child:

Surname : _____ First Name : _____

Class : _____ Session : _____ AM / PM

Signed : _____ (Parent / Guardian)

Date : _____

Permission Slip for Passing Of Information To Primary School

In order to make the transition as smooth as possible for your child from Kindergarten to Primary school it is important that relevant information about your child is passed on to the Primary school. I give permission for ESF International Kindergarten, Wu Kai Sha to forward school reports, Individual Education Plans and specialist reports to the relevant Primary school on request, after we have applied to the school.

Child:

Surname : _____ First Name : _____

Signed : _____ (Parent / Guardian)

Date : _____



Parental Consent Form For Out of Kindergarten Excursions And Activities

I consent to my son/daughter

Class: _____ Session: AM / PM

being allowed to join educational visits and off site activities or excursions organised by ESF International Kindergarten (Wu Kai Sha). I agree to him/her taking part in any or all of the activities proposed such as; walking to the bus terminal, the local supermarket and MTR station. I understand that visits may also go further afield to places such as the beach, the park and to museums, etc.

I have ensured that my son/daughter understands that it is important for his/her safety and the safety of the group that he/she follows any rules and instructions given by the staff in charge.

I understand that, whilst the staff and helpers in charge of the members of the group will take all reasonable care for children's health and safety, they cannot be held responsible, unless they are found to be negligent, for any injury, illness, damage or loss suffered by my son/daughter during or arising out of the journey. I authorize the leader of the trip or any member of the school staff present, to consent to any medical treatment – including surgery, blood transfusions – which, in the opinion of a qualified medical practitioner, may be necessary for my child as a result of an incident arising during the course of a trip. I additionally agree to pay all cost incurred by such medical emergencies - including treatment and transport. Furthermore, I agree to indemnify the English Schools Foundation/ESF Educational Services Ltd., its employees and agents against all liability for injury (including death), illness, loss to person or persons or damage of property caused by my son/daughter unless this can be shown to be due to the negligence of the English Schools Foundation/ESF Educational Services Ltd. or any of its employees.

Parent's signature : _____ Date : _____

Parent's name in block letters : _____

Student's HKID Card/Passport No. : _____

Emergency Phone No. : _____



Arrangements in the Event of a T3 Signal being hoisted during the School Day

Dear Parents,

We have recently reviewed the policy for buses in the event of a T3 signal being hoisted during the school day and we feel these amendments are a positive step forward:

- If a T3 is hoisted during session, children may stay at the kindergarten and go home on the bus at the scheduled time.
- If parents prefer, they may arrange to collect their child before the end of the session and should inform the kindergarten of their intention.

These arrangements would still be consistent with EDB requirements that children return home under safe conditions.

If a T8 is hoisted during session arrangements should be made immediately for children to be collected. In practice, there is usually advance warning, of the imminence of the next hoist in the signal and a decision can be made in ample time. In the event of a red or black rainstorm warning, children will remain in kindergarten until it is safe for them to return home. The school buses will not run while a warning is in place and the kindergarten will not request parents to come to collect their child. Parents may arrange to collect their child while a warning is still in place, and should advise the kindergarten so the child can be released.

In preparation for these events we would ask parents to fill out the attached form and return it to school to indicate their preferences. A record will then be kept in school by the teachers. Parents who wish their child to return on the bus whilst a T3 has been raised can do so. Should you wish to alter this arrangement at a later date please inform the school through a phone call, letter or email.

Best Regards

Christopher Coyle
Principal
ESF International Kindergarten Wu Kai Sha

I, parent ofin class:..... AM/PM

☐


Wish for my child to return home on the bus at the usual time in the event of a T3 signal being hoisted.

☐

Wish for my child to remain at school and I will collect them in the event of a T3 signal being hoisted.

Tick Your Preference Please

Signed..... Date

	School Health Document		
	Medical Information Form – to be completed for all students		

To enable our school to provide the best possible care to your child when they are injured or unwell, please spend a few minutes to complete the form and return it to our school. This information needs to be updated for extended trips such as school camps that may occur during the school year.

Part I: Personal Information

Student Name			Male / Female
Age	Birth Date	Year/class	School
Address			
Hong Kong ID number			
Passport number			
Nationality*			
Parent/Guardian's Name:		Other emergency contact name:	
Phone (Work)		Relationship to student	
Phone (Mob)		Phone (Mob)	
Phone (Home)		Phone (Work/Home)	


- Passport numbers are required for all students not in possession of a Hong Kong I.D. card. This data is required for the use of emergency helicopters or other related government service providers.
- If the HK ID number or passport number have changed you should attach photocopies to this form as proof.

In case of Emergency, the above named parent(s)/guardian(s) will be contacted.

Part 2: Medical Information

Please check carefully that the following medical information is up to date and inform of any changes.

Medical Conditions	Yes	No	If Yes give further details
Blood disease / bleeding problems / Rhesus -ve			
Diabetes			
Diagnosed Anorexic or Bulimic			
Epilepsy or other neurological conditions			
Heart conditions or previous heart surgery			
Kidney or bladder problems			
Self Harmer or otherwise at risk/Severe Psychological condition			
Dizziness / Fainting spells			
G6PD			
Joint problems / scoliosis			
Previous serious injury, illness or surgery relevant to a current condition			
Dermatitis / eczema			


	School Health Document
	Medical Information Form – to be completed for all students

II.1 Immunisations

Has your child had all their immunisations according to the Hong Kong Government Child Immunisation Programme (See last page of this document for reference)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note it is mandatory for children to have completed the Hong Kong Government Immunisation programme or equivalent. If your child has not taken all the immunisations listed, please visit your family doctor to make arrangements.	
Please list any other immunisations, e.g. Flu shot, Hepatitis A, Typhoid, Tetanus booster, etc., which your child has had within the last 10 years. Give dates if possible, e.g. Flu shot – 2009, Tetanus booster – 2010, etc.	

II.2 Allergies:

Does your child suffer from any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your child allergic to?	
Does your child see a doctor about their allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximately how many reactions does your child have in one year?	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-12 <input type="checkbox"/> More than 12
How severe is the reaction?	<input type="checkbox"/> Mild with no change in activity <input type="checkbox"/> Moderate with need for slight change of activity <input type="checkbox"/> Moderate with the need for immediate change of activity <input type="checkbox"/> Severe with the need for medical attention
Has hospitalization occurred because of a reaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe what happens during a reaction	
In the event of a reaction, what actions are necessary?	
What medication is used to treat this allergy? How is it administered, e.g. dosage, frequency, route of administration?	

	School Health Document
	Medical Information Form – to be completed for all students

II.3 Asthma


Does your child suffer from asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child see a doctor about their asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How severe is the reaction?	<input type="checkbox"/> Mild with no change in activity <input type="checkbox"/> Moderate with need for slight change of activity <input type="checkbox"/> Moderate with the need for immediate change of activity <input type="checkbox"/> Severe with the need for medical attention
Approximately how many attacks does your child have in one year?	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-12 <input type="checkbox"/> More than 12
Has hospitalisation occurred because of a reaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What medication is used to treat your child's asthma? How is it administered, e.g. dosage, frequency, route of administration? <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

II.4 Other conditions

Does your child have any other condition that may affect them in school or on a trip?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	

II.5 Medications

Does your child take any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List the medication and how they are administered, e.g. dosage, frequency and route	
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

	School Health Document
	Medical Information Form – to be completed for all students

II.6 Dietary information

Please provide any special dietary requirements of your child

II.7 Safety in and around water

Is your child a confident swimmer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Can your child keep afloat in water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Can your child swim at least 50 metres fully clothed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Declaration

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 as a parent to inform the school of any previous or new health problems or injuries and I am aware that if I have not, the school cannot be held responsible for the consequences.

The school will endeavour to contact the parent or emergency contacts should your child be ill or injured. However, if for any reason there is an emergency, I hereby give consent and full authority for the staff or agents of the school to arrange for and consent to any medical treatment or hospitalisation for my child/guardian while s/he 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.

Name of Parent / Guardian _____

Signature of Parent / Guardian _____

Relationship to student _____

Print name of student _____

Date _____



Hong Kong Childhood Immunisation Programme

In order to protect infants and children from serious [infectious diseases](#), the [Department of Health](#) of [Hong Kong](#) provides a free comprehensive childhood [immunisation programme](#) to [Hongkongers](#) over all the Maternal & Child Health Centres.

AGE	Immunisation RECOMMENDED
Newborn	B.C.G. Vaccine Hepatitis B Vaccine - First dose
1 month	Hepatitis B Vaccine - Second dose
2 months	DTaP-IPV Vaccine - First Dose Pneumococcal Vaccine - First Dose
4 months	DTaP-IPV Vaccine - Second Dose Pneumococcal Vaccine - Second Dose
6 months	DTaP-IPV Vaccine - Third Dose Pneumococcal Vaccine - Third Dose Hepatitis B Vaccine - Third Dose
1 year	MMR Vaccine (Measles, Mumps & Rubella) - First Dose Pneumococcal Vaccine - Booster Dose
1 1/2 year	DTaP-IPV Vaccine - Booster Dose
Primary 1	MMR Vaccine (Measles, Mumps & Rubella) - Second Dose DTaP-IPV Vaccine - Booster Dose
Primary 6	dTap-IPV Vaccine - Booster Dose

References

- http://www.fhs.gov.hk/english/main_ser/child_health/child_health_recommend.html
- <http://www.fmshk.org/database/articles/005sf1.pdf>
- *Basic Principles in Biology* (book 3), Y.K.To ISBN 962-354-183-X
- *Advanced-level Biology for Hong Kong* (volume 4), Y.K.Ho ISBN 962-900-637-6