



10th July 2023

Dear Parent / Guardian,

Student Health Service / School Dental Care Service
(Applicable to Primary School Children)

The Student Health Service and the School Dental Care Service of the Department of Health are now conducting enrolment exercise for the 2023 / 2024 school year. We would like to invite your child to participate in the services. A joint enrolment form is now available and you only need to fill in one form to enrol in both services for your child. **The service period starts from November this year to October next year.** Please return the signed Enrolment Form to us through the school at your earliest convenience.

Enrolled students of the **Student Health Service** will be given an annual appointment for health assessment (including physical examination, growth and puberty assessment when necessary), individual health counselling and health education at a designated Student Health Service Centre according to the location of their attending school. Details of health programmes categorised by grade are listed in the “Health Programmes at Student Health Service Centre” webpage (www.shs.gov.hk/healthprog.pdf). An appointment letter will be sent to you through the school about one month before the appointment date. You are invited to accompany your child during the assessment.

The **School Dental Care Service** provides oral health care for primary school children in Hong Kong. The service is carried out by qualified dental therapists or trainee dental therapists who work under the supervision of dental surgeons. Enrolled students will receive service at one of our school dental clinics near their schools. With the approval from school, students will be provided with one return bus trip from school to clinic for the annual check-up. If you want to be with your child during the dental visit, you could come by yourself to the child's designated School Dental Clinic at the scheduled appointment time. If there is any change in your child's medical condition, please inform the designated School Dental Clinic prior to the dental appointment.

Parents and children are most welcome to make use of the Health Education Infoline 2833 0111 provided by the Department of Health or browse the Student Health Service website www.studenthealth.gov.hk for information on **Student Health Service**. For information on the **School Dental Care Service**, please feel free to make use of the School Dental Care Service Information Hotline 2928 6132 or browse the School Dental Care Service website www.school dental.gov.hk. Enrolled students can register as our online users to enjoy the online services. Please refer to the QR Code Index listed at the end of the page of “Statement of Purposes” for the related webpages and websites.

Yours faithfully

Dr. Ronald Lam
Director of Health

Guidelines to Verification of Eligibility

With effect from 1st September 2003, students joining the **Student Health Service (SHS)** / **School Dental Care Service (SDCS)** have been charged according to their “eligible persons” and “non-eligible persons” status.

Department of Health may obtain the relevant documentation relating to the students from the students and the parents/guardians concerned for verification of their eligibility status for fee-determination purpose. Students with one of the following valid identity documents belong to “eligible persons”:

- i) Hong Kong Permanent Identity Card / Hong Kong Identity Card (subject to further checking)
- ii) Hong Kong Birth Certificate with permanent resident status of Hong Kong Special Administrative Region (HKSAR) indicated as “ESTABLISHED”
- iii) Hong Kong Birth Certificate with permanent resident status of HKSAR indicated as “NOT ESTABLISHED”, but the Permit to Remain in the HKSAR shows that:
 - a) unconditional stay in HKSAR has been granted
 - b) the holder is permitted to remain until (date) and provided that the holder **is not a visitor** and **has not overstayed in Hong Kong**
- iv) HKSAR Passport
- v) HKSAR Re-entry Permit
- vi) HKSAR Document of Identity for Visa Purpose bearing valid visa endorsement to stay in Hong Kong
- vii) Travel documents with one of the following labels /stamps issued by Immigration Department:
 - a) “The right to land in Hong Kong”
 - b) “The holder was permitted to land”
 - c) “Previous conditions of stay are hereby cancelled”
 - d) “Eligibility for Hong Kong permanent identity card verified”
 - e) “Certificate of Entitlement to the right of abode in HKSAR”
 - f) “Unconditional stay” (subject to further checking)
 - g) “Permitted to remain until (date)” / “permission to remain extended until (date)” provided that the holder **is not a visitor** and **has not overstayed in Hong Kong** (subject to further checking)
- viii) Certificate of Exemption
- ix) Consular Corps Identity Card

Student Health Service:

The service is provided free to those students who are “eligible persons”. Those students who are **non-eligible persons**, e.g. holders of travel document (passport, Two-way Permit) showing their status as “Visitors” or holders of Form of Recognizance, have to pay on the appointment day the gazetted annual fee (**the prevailing rate is HK\$615**). Students may have to provide relevant identity documents for checking of their eligibility for free service.

School Dental Care Service:

Students joining the SDCS are required to submit the completed application form together with HK\$36 to the school office. Those students who are **non-eligible persons**, e.g. holders of travel document (passport, Two-way Permit) showing their status as “Visitors” or holders of Form of Recognizance, **will have to pay HK\$835** to enrol in SDCS. After receiving the application forms, the SDCS will contact the parents / guardians of these students for verification of their eligibility, and issue a demand note to “non-eligible persons” **for payment of the balance of HK\$799**. For those who are eligible for medical waiver or able to provide a Medical Waivers Certificate, the said payment would be waived after verification of their eligibility.

Please note:

- (1) Application will only be accepted after full payment is verified. Once enrolled, the fee is not refundable.
- (2) For eligibility of the rates of charges applicable to “eligible persons”, please refer to Gazette Notice 5777 to Gazette No. 39/2013.

Statement of Purposes

Student Health Service / School Dental Care 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, dental laboratory 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 diseases 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-entitled person (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 :

School Dental Care Service

Clerical Officer
Rm. G8, Ground Floor, MacLehose Dental Centre,
286 Queen's Road East, Wan Chai,
Hong Kong
Telephone : 2892 2157

Student Health Service

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

School Dental Care Service
www.schooldental.gov.hk



Student Health Service
www.studenthealth.gov.hk



Electronic Health Record Sharing System
www.ehealth.gov.hk



Register as the Online User of
The School Dental Care Service
[www.schooldental.gov.hk/
wsmile/student/registint_e.jsp](http://www.schooldental.gov.hk/wsmile/student/registint_e.jsp)



Health Programmes at
Student Health Service Centre
www.shs.gov.hk/healthprog.pdf



Electronic Health Record Sharing System
Registration for a Child (under 16)
[https://www.ehealth.gov.hk/filemanager/
content/pdf/common/registration_for_child.pdf](https://www.ehealth.gov.hk/filemanager/content/pdf/common/registration_for_child.pdf)





Student Particulars	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 <input type="checkbox"/> Female	
	Surname (Chinese)		Other name (Chinese)			
Name of School				AM <input type="checkbox"/>	PM <input type="checkbox"/>	Day <input type="checkbox"/>
				Class <input type="text"/>		
This part must be completed and <input checked="" type="checkbox"/> as appropriate	* Student should bring along the stated identity document when attending our clinics / centres.					
	Type of document:				Document No.:	
	<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 <u>is not a visitor</u> and <u>has not overstayed</u> 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)				Date of Birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	
	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 <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 _____				Place of Birth <input type="text"/>	
					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"/>		
Student Reference Number <input type="text"/>		School Dental Care Service Number (SDCS No.) <input type="text"/>		Home Telephone No./other cell phone no. <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)				
Student Medical History	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	Student Health Service (SHS) (Please refer to the attached 'Guidelines to Verification of Eligibility' for details)					
	<input type="checkbox"/> I agree to enrol the above named child in the Student Health Service . I give consent to have health assessment including physical examination considered necessary for my child and undertake to co-operate with the staff of the centre. I also 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\$615)					
	School Dental Care Service (SDCS) (Please refer to the attached 'Guidelines to Verification of Eligibility' for details)					
<input type="checkbox"/> I agree to enrol the above named child (Only primary school children under the age of 18 as at 1 st September 2023 are eligible to join the SDCS.) in the School Dental Care Service . 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\$36 to the school. For students who are "non-eligible persons", they have to pay the balance HK\$799 upon notification by the SDCS.)						
Signature of Parent / Guardian <input type="text"/>		(Please use ball pen)		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"/>		

Name of Student _____
Address _____

Name of Student _____
Address _____

Please Tear along this Line