

孔聖堂中學  
Confucius Hall Secondary School

敬啓者：由於公立醫院對使用急症室服務者須收取一百八十元之費用。爲學生安全著想，日後本校學生如因事故，須往律敦治醫院急症室診治。校方會先送同學往急症室及聯絡家長，並代支一百八十元之診金，惟日後家長須向校方繳付該筆費用。敬希垂注。

此 致

貴家長

孔聖堂中學教務處

二零一七年九月一日

-----回-----條-----

同意校方送學生往急症室之安排

敬覆者：本人

要求校方先通知學生家長，徵求同意，若未能聯絡家長，校方會先送同學往急症室。

(請用「✓」選擇上述其中一項)

此 覆

孔聖堂中學

中( )班學生( )

家長簽署：\_\_\_\_\_

二零一 年 月 日

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To whom it may concern:

In case of medical emergency, CHSS will contact emergency services to send students to Ruttonjee Hospital. The fee for admittance to the emergency room is \$180, which CHSS will pay up front to facilitate immediate care. Parents/guardians will be responsible for timely repayment of the \$180 fee to CHSS.

Confucius Hall Secondary School

1<sup>st</sup> September 2017

-----Reply slip-----

To: Confucius Hall Secondary School  
Handling of Emergency Services

I, parent of \_\_\_\_\_ (please print name of student),

authorize CHSS to send my son/daughter to the emergency room before obtaining my consent. CHSS will contact me immediately after contacting emergency services.

require CHSS to contact me for consent before contacting emergency services for my son/daughter. In the event that I cannot be reached, I authorize CHSS to use its discretion in contacting emergency services.

(Please tick (✓) one)

Name of student: \_\_\_\_\_

Class: \_\_\_\_\_ Class Number: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_