

THE EDUCATION UNIVERSITY OF HONG KONG

香港教育大學

PARENTAL CONSENT FORM FOR STUDENTS UNDER THE AGE OF 18#

家長同意書 (適用於未滿十八歲之學生)#

This form should be completed by the student's parent or guardian.

本表格須由學生家長或監護人填寫。

1. I understand and accept that The Education University of Hong Kong (the "University") does not accept parental responsibility for the student named below ("Student").
本人明白並同意香港教育大學(以下簡稱「教大」)無須為下述學生(以下簡稱「學生」)承擔任何家長責任。
2. I give my consent to allow the Student to act on his/her behalf to participate in the University activities which are part of his/her learning experience such as selection of academic programmes/courses, participation in campus/off campus activities, overseas study tours, etc.
本人同意學生可代表自己參與由教大安排的各项活動,並成為其學習經驗之一部分,包括選擇主修課程及修讀科目,參與校外或校內活動,外地遊學團等。
3. I consent to the University acting on medical advice in the best interests of the student to authorize emergency medical treatment if it is not possible to contact me.
若因故未能聯繫到本人,本人同意並授權教大可遵照醫囑對學生施行緊急醫療措施,以保證學生的最大利益。
4. In view of the personal data legislation in Hong Kong, I understand and accept that the University cannot release information relating to the student, either academic or personal, without the student's consent to the University.
本人明白並同意,按照香港關於個人資料的法規,教大如未獲學生的同意,不可披露與學生相關的學業資料或個人資料。

Name of student 學生姓名:	(English 英文) (Chinese 中文)
First 4 digits of HKID/Mainland ID/Passport number of student (e.g.: A444) 學生的香港/內地身份證/護照號碼頭 4 位數字(例如: A444):	
Date of Birth of student 學生出生日期:	
Name of Parent/Guardian 家長/監護人姓名:	(English 英文) (Chinese 中文)
Emergency contact telephone number 緊急聯絡電話:	
DECLARATION: I declare that I have read and ACCEPT the above conditions 聲明: 本人聲明已閱讀並接受上述條文	
Signature of Parent/Guardian 家長/監護人簽名:	
Date 日期:	