

A.S. Watson Group Hong Kong Student Sports Awards
Participants' Health Declaration Form

(Please fill in the form with signature of parent/guardian and upload to the system on or before 2 Dec 2016)

Name : _____ Age : _____ Gender : M/F

Contact number (daytime): _____ Mobile : _____

❖ Medical History : (Put a 「✓」 in applicable boxes)

Medical History	Previous Date of Infected (State the year of Recovery)	Currently Infected	Medicine / Treatment Taken (Please state the name of medicine or treatment details)	Notes
Anaemia				
Asthma				
Diabetes mellitus				
Fits due to fever				
Haemophilia				
Hearing defect				
Heart Disease				
High /Low Blood Pressure				
Kidney Disease				
Liver Disease				
Lung Disease				
Other Blood Disease				
Skin Disease				
Allergy (State Details)				
Minor Operation				
Major Operation				
Others : Please State				

Before the programme, please answer the following questions by putting a 「✓」 in the applicable boxes:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. I always experience pain in chest or heart.
<input type="checkbox"/>	<input type="checkbox"/>	2. I always experience dizziness or have a record of episodic dizziness.
<input type="checkbox"/>	<input type="checkbox"/>	3. I have skeletal or joint disease(s), (e.g. Arthritis) which is caused by physical activities or will be worsened by physical activities.
<input type="checkbox"/>	<input type="checkbox"/>	4. I seldom participate in physical activities and am not accustomed to vigorous physical activities.

❖ Medical Practitioner : (if eligible)

❖ Name : _____ Contact Phone Number. : _____

❖ Address: _____

❖ I *do not have / have medical history records showing that I am not suitable for participation in any physical activities.

❖ I hereby certify the health condition of my child _____, is suitable for the above activity.

❖ Parent / Guardian Signature : _____ Name & Relationship : _____

❖ Hong Kong ID No. : _____ Date : _____

❖ After the activity is completed, my child will *leave on his or her own / be taken care of by parent/guardian.

Must Fill In

Contact Guardian in case of emergency :

Name : _____ Relationship : _____

Phone No. : _____ (Day) Phone No. : _____ (Night)

Declaration

I, _____ (Name of parent/guardian) declare that the information as above of my child is accurate, and is in suitable physiological and psychological health to participate in the activities concerned. I will undertake all the responsibilities arising from any risk or happening of any accident or injuries during this activity. I also agree that the organiser will bear no responsibility and compensation for the aforesaid.

Signature of parent/guardian: _____ Date: _____

(*Please cross out inappropriate wordings)

The above information will only be used by the "A.S. Watson Group Hong Kong Student Sports Awards". Information will not be released to any third parties without the consent of the above participant. All information will be destroyed after the above activity.