

**ISLAMIC PRIMARY SCHOOL
NOTICE**

Participation in P.E. Lessons and Other Physical Activities

E/IC/SC/21/5
1st September, 2021

Dear Parents,

To enable students to develop their ethical, intellectual, physical, social and aesthetic potential, P.E. (Physical Education) is included in the school curriculum. Participation in sports is good for children's mental and physical health. Parents must however pay attention to their children. Children with tonsillitis, bronchitis, otitis media or tuberculosis, or, who have disease of the heart, vascular system, kidney, liver, intestine, pancreas, gall bladder etc. should not participate in sports activities unless they have received written permission from a registered physician. It is not suitable for them to participate in sports activities until they have received approval from registered doctors.

If your child develops symptoms of the above diseases or other diseases not listed above, and you seek either a permanent or a temporary exemption from P.E. lessons and sports activities from our school, please state the reason(s) by completing the consent form. Please return it with a certification letter from a registered doctor. If circumstances have changed since you permitted your child to participate in sports activities (e.g. your child feels sick occasionally and requires a permanent or temporary exemption from participation in sports activities), please notify the school immediately.

If you are unsure if your child's health is suitable for participating in sports activities or not, please consult a registered doctor as soon as possible.

Yours sincerely,



Ko Tak Yin
Headmistress

Reply Slip

(E/IC/SC/21/5)

Participation in P.E. Lessons and Other Physical Activities

Dear Headmistress,

My child _____ (____), Class _____

(Put a ✓ in the of your choice)

May

participate in P.E. lessons and other/related physical activity.

May not

Remark: If you do not agree with your child participating in P.E. lessons and other school activities, state the period and reason(s) for the exemption below. Please attach a valid medical certificate from a registered doctor.

The period of exemption is from _____ to _____

Reason(s) _____

Parent's Signature: _____

Parent's Name: _____

Date: _____

伊斯蘭學校通告
參與體育課及活動安排

各位家長：

本校欲使學生達致德、智、體、群、美五育均衡發展，體育科列入教學課程；透過恆常參與適量的體育運動，對兒童之身心健康皆有裨益。惟 貴家長必須留意，學童如患上某些疾病，例如：心臟病、血管疾病、肺結核、創傷未愈、內臟疾病（腎、肝、腸、胰、膽等）和急性的感染（扁桃腺炎、支氣管炎、中耳炎），均不宜參加體育活動，惟經註冊醫生認可者例外。

貴子弟如患有上述病徵或其他未列明之疾病，而欲校方長期或暫時豁免上體育課及參與體育課外活動者，請在回條申明理由，並附上註冊醫生證明書，以便辦理。如 貴家長現時同意 貴子弟參與體育活動，日後發現 貴子弟偶有身體不適而需暫時或長期停止體育活動，亦請立刻通知本校。

家長如對 貴子弟之健康狀況是否適宜參與一般體育活動有所懷疑，應立即前往註冊醫生診斷。



(高德燕校長)

二零二一年九月一日

回 條

(E/IC/SC/21/5)

參與體育課及活動安排

伊斯蘭學校校長：

* 同 意
本人 ----- 敝子弟參與體育課及體育活動。 (請刪去不適用者)
不 同 意

附註：如不同意，請填上豁免上體育課及體育活動之日期及理由，並附上註冊醫生證明書。

申請豁免日期：由 _____ 至 _____

理 由： _____

家長簽署： _____

家長姓名： _____

學生姓名： _____ 班別： _____

日 期： _____