**Childhood History Update Form
學童資料更新表格**

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| **Personal Information 個人資料** | Please attach a photo of your child請附學童近照 |
| Child’s Name: |       |
| 學生姓名 (中、英文): |
| Sex: | M [ ]  F [ ]  | Age: |       | Year(s) |       | Month(s) |
| 性別: | 男 [ ]  女[ ]  | 年齡: | 歲 | 月 |
| Date of Birth出生日期: |       | dd/mm/yyyy |
| Nationality 國籍: |       |
| Ethnicity種族: |       |
| The child is currently living with 學童現時與以下人士同住: |
| Natural Mother生母 | [ ]  | Natural Father生父 | [ ]  | Stepmother 繼母 | [ ]  | Stepfather 繼父 | [ ]  |
| Foster Mother 寄養母 | [ ]  | Foster Father 寄養父 | [ ]  | Adoptive Mother 養母 | [ ]  | Adoptive Father 養父 | [ ]  |
| If your child was adopted, does the child know? 如是領養兒童，孩子知否被領養? | Yes 知道 | [ ]  | No 不知道 | [ ]  |
| Mother’s Name母親姓名: | Father’s Name 父親姓名: |
|       |       |
| Home Address住址: | Home Address住址: |
|       |       |
| Please fill out all fields and tick preferred contact number(s): |
| 請填寫以下各聯絡號碼並在主要聯絡號碼旁空格加上🗸號。 |
| Home住宅: |       | [ ]  | Home住宅: |       | [ ]  |
| Work 辦公室: |       | [ ]  | Work 辦公室: |       | [ ]  |
| Mobile手提: |       | [ ]  | Mobile手提: |       | [ ]  |
| Email 電郵: |       | Email 電郵: |       |
| Occupation: |       | Occupation: |       |
| 職業: | 職業: |
| Name of responsible adult if parents are not available. 如未能聯絡家長，請聯絡以下人士: |
| Name: |       | Relationship: |       | Telephone: |       |
| 姓名: | 關係: | 電話: |
| Name: |       | Relationship: |       | Telephone: |       |
| 姓名: | 關係: | 電話: |

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| **Medical & Emergency Services醫療資料及緊急事故處理** |
| Name of Doctor 醫生姓名: |       | Telephone 電話: |       |
| Address 地址: |       |
| N.B. | In case emergency medical treatment is needed and a parent/guardian is not available; I understand that the CDC will take my child directly to the Ruttonjee A&E Department and I will pay all costs of the treatment. |
| 備註 | 若我的子女需要緊醫療治理，在無法通知家長／監護人的情況下，我明白明德兒童啓育中心人員會送我的子女到律敦治醫院急症室，而我須支付所有的醫療費用。 |

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| **Background Information 背景資料** |
| **Medical Status健康狀況** |
| Ear Infections | [ ]  | Age Occurred |       | Additional Details: |       |
| 耳疾 | 病發年齡 | 與疾病有關附加資料: |
| Eye Problems | [ ]  | Age Occurred |       | Additional Details: |       |
| 眼疾 | 病發年齡 | 與疾病有關附加資料: |
| Operations | [ ]  | Age Occurred |       | Additional Details: |       |
| 手術 | 病發年齡 | 與疾病有關附加資料: |
| Hospitalisation | [ ]  | Age Occurred |       | Additional Details: |       |
| 住院 | 病發年齡 | 與疾病有關附加資料: |
| Head Injuries | [ ]  | Age Occurred |       | Additional Details: |       |
| 頭部受傷 | 病發年齡 | 與疾病有關附加資料: |
| Seizures | [ ]  | Age Occurred |       | Additional Details: |       |
| 腦癎症 | 病發年齡 | 與疾病有關附加資料: |
| Allergies | [ ]  | Age Occurred |       | Please specify: | [ ] Latex乳膠 [ ] Medication藥物 [ ] other其他 |
| 過敏症 | 病發年齡 | 請詳述: |       |
| Dietary Restrictions飲食限制 | [ ]  | Age Occurred病發年齡 |       | Additional Details: 與疾病有關附加資料: |       |
| Last hearing test: | Date/Age & Result 日期/年齡 及 結果 | Last vision test: | Date/Age & Result 日期/年齡 及 結果 |
| 上一次聽力檢查: |       | 上一次視力檢查: |       |
| Tics 抽搐 (Eye-blinking, sniffing, any repetitive/non-purposeful movements 眨眼,抽動鼻子等重覆性/無意義的動作)      |
| Other medical conditions/regular medications 其他藥物或身體狀況      |
| Please list any previous diagnoses 請簡述曾接受過的診斷      |

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| **Photo & Image Consent照片及錄像授權書** | **\*For children attending CDC Programmes only** |
| **\*僅適用於參加CDC課程的學童** |
| We would like to invite parents to give permission for their child’s photos to be included in other CDC-related activities. The photos may be used in publications, presentations, advertisements, websites, exhibitions, leaflets, videos or DVDs to promote CDC. |
| 我們希望得到閣下的允許，使用貴 子女的照片用作中心刊物、短片、報告等宣傳及推廣用途。 |
| Photographs and images will be stored securely by the CDC. No image will be used without consent being given. Please indicate the areas of consent: |
| 有關照片及影像會保密處理，亦不會在未得到許可下使用。請選擇以下同意項目: |
| I agree to my child’s photo appearing in educational/awareness publications | [ ]  Yes同意 | [ ]  No不同意 |
| 我允許我子女的照片用於教育及提升公眾意識宣物 |
| I agree to my child’s photo appearing on the CDC website | [ ]  Yes同意 | [ ]  No不同意 |
| 我允許我子女的照片用於CDC網站 |
| I agree to my child’s photo appearing in the media | [ ]  Yes同意 | [ ]  No不同意 |
| 我允許我子女的照片用於宣傳媒體 |
| I agree to my child’s photo being used after they have left the CDC | [ ]  Yes同意 | [ ]  No不同意 |
| 我允許我子女的照片在畢業後繼續供CDC使用 |
| N.B. | The CDC will record staff members with children for the purposes of internal training and development. The videos will only be used as reflective and evaluation tools for the purpose of promoting the quality of teaching and therapy. Videos will not be used for any outside purposes and will be deleted after the observation feedback.CDC 會攝錄教職員及學生作培訓用途。錄像共作參考及分析用途以提升教學質素。錄像將不會用於CDC之外，參考完畢後即會銷毀。 |
| 備註 |
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| Name of Child: |       | Name of Parent or Guardian: |       |
| 學生姓名: | 家長/監護人姓名: |
| Signature of Parent or Guardian: |       | Date: |       |
| 家長/監護人簽名: | 日期 |

The CDC complies with the Hong Kong Personal Data (Privacy) Ordinance (cap. 486) when collecting personal data from any stakeholders. Please refer to the CDC’s Privacy Policy on our website <https://www.cdchk.org/privacy-policy/>明德兒童啓育中心嚴格遵照香港特別行政區法例第486 章《個人資料（私隱）條例》收集及使用所有個人資料。請瀏覽本中心網頁[https://www](https://www/).[cdchk.org/privacy-policy/](http://cdchk.org/privacy-policy/)以查詢更多關於私隱政策詳情。