



Family Health Service, Department of Health

衛生署家庭健康服務

Parent / Legal Guardian Consent Form (Disclosure of Personal Data to 3rd Party)

家長／監護人同意書（向第三者披露個人資料）

To: Officer in-charge

致：部門主管

Family Health Service, Department of Health

衛生署家庭健康服務

I, (applicant) _____ agree to the Family Health Service of the Department of Health

本人（申請人）_____同意衛生署家庭健康服務

providing (name of person / organisation) _____

向（機構或人士名稱）_____提供有關

with my * son's / daughter's / ward's (name) _____

本人 * 兒子／女兒／受監護孩子（姓名）_____

* copy of child health record / medical report issued by doctor.

的 * 健康記錄副本／醫生撰寫的健康狀況報告。

*Please circle as appropriate. *請 圈適用者

Signature of applicant (parent / legal guardian):

申請人（家長／監護人）簽署： _____

Name of applicant (parent / legal guardian):

申請人（家長／監護人）姓名： _____

(Please write in block letters) (請用正楷填寫)

Identity card number of applicant:

申請人身份證號碼： _____

Telephone number:

聯絡電話： _____

Date:

日期： _____

Signature of witness: (The witness must not be the applicant nor the authorised party)

見證人簽署：（申請人及獲授權者除外） _____

Name of witness:

見證人姓名： _____

(Please write in block letters) (請用正楷填寫)

Telephone number:

聯絡電話： _____

Date:

日期： _____