

CHECKLIST

- Deposit Paid
- Room Assigned
- Room Amenities prepared

BOARDING REGISTRATION FORM

A: PERSONAL DATA

Student Name 学生姓名	Birth Date 出生日期	Primary Language 首选语言
Home Address 住址	I/C/passport Number 身份证 / 护照号码	
Email 电邮	Student Phone Number(s) 学生电话号码	
EMERGENCY DETAIL 紧急细节		
Parent's Name 父母姓名	Parent's Phone 父母电话号码	
	Parent's Email 父母电邮	
	Parent's I/C or Passport No 父母身份证 / 护照号码	
Emergency Contact Names & Relationship 紧急联系人关系	Emergency Phone 紧急联系电话号码	
	Parent's I/C or Passport No 父母身份证 / 护照号码	
Emergency Contact Names & Relationship 紧急联系人关系	Emergency Phone 紧急联系电话号码	
	Parent's I/C or Passport No 父母身份证 / 护照号码	

B: INDEMNITY AND PARENTS' PERMISSION

Please tick (✓) the items that apply to your child: 请圈选适用于您孩子的项目:

1. I permit my child to participate in off campus trips under Boarding Staff's Supervision 我批准我的孩子参加在寄宿职员监督与策划下的校外旅游	
2. I give my child permission to participate in the following activities with adult supervision (Only if the required safety gear is worn) 我批准我的孩子在成人监督下, 参与以下活动 (唯必须穿戴安全装置)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
i. Kayaking Canoeing 泛舟、划艇	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
ii. Wall Climbing 沿墙攀岩	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
iii. Paint Ball 彩弹射击	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
iv. Swimming 游泳	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
v. Cycling 骑行	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
vi. Skateboarding 滑板运动	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
vii. Ice skating 溜冰	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

Transfer of Guardianship between Parents/Guardian and School

Upon admission into the Boarding house, parents will transfer guardianship to the Boarding staff. Boarding staff act as loco parentis when students are enrolled and admitted. Upon leaving the Boarding house at the end of a school term or during any closed school long weekend or holiday, the transfer of guardianship revert to parents/guardians. Parents must indicate details of guardianship or else parents accept responsibility for the student in these cases.

In light of our co-parenting philosophy, we would appreciate parents/guardians to always notify Boarding staff well in advance about their plans of collecting their children outside of the normal routine of the Boarding house.

An email stating:-

✓ Time of collection ✓ Who will be collecting ✓ Duration of Leave from campus Boarding

must be received at least three days beforehand. As Boarding staff and School, we then accept the guardianship is transferred upon the moment the student exits the campus grounds.

As Parent of the above student, I acknowledge transfer of guardianship of my above mentioned child to the Boarding staff of Kingsley Leadership Academy whilst in their care and supervision.

身为上述学生的家长，我承认将就我于上述所述明孩子在他们照顾与看管时的监护权转交予皇玺领导力学校的寄宿职员。

Parent / Guardian Signature:
父母 / 监护人签名

Date:
日期

Name:

I/C/Passport Number:

MEDICAL CARE 医疗护理

Whilst in Boarding and if your Child/Children require Emergency Assistance, the boarding nurse or (an ambulance may be called) boarding staff will take him/her to a clinic or a local hospital nearby.

- All student's information is private and confidential.
- In an emergency, the House Parent or School Nurse will contact the parents/guardians before providing any medi-care.
- Before medi-care is carried out, the parent's/guardian's/student's consent will be obtained (EXCEPT in an emergency situation) taking into consideration the best interest of the student.

Vaccinations are organized by school Nurse as part of the Childhood Vaccination programme. The school nurse will contact parents/guardians in advance of a proposed vaccination for verification of consent.

在寄宿期间内，如寄宿生有需要紧急医疗，住校护士或宿舍职员将把学生送至邻近的诊疗所或医院就诊。若有必要，校方将传召救护车。

所有学生的资料都是一概保密的。然而在情况紧急时，舍监或学校护士将在提供其医疗护理前联络学生家长 / 监护人。在进行治疗前，校方便会先得学生同意。除非在特殊情况下，校方将以学生最佳的利益作为考量以进行治疗。

此外，住校护士会在疫苗接种计划下为学生注射疫苗。在安排疫苗注射前，护士须征得家长 / 监护人同意之后方进行注射。

C. MEDICAL CONDITIONS AND MEDICATIONS

1. ALLERGIES 过敏反应

Does your child have any allergies?

您的孩子是否有任何过敏反应

Yes 是 No 否

If YES, please give details (include treatment)

若有, 请列明(包括疗法)

2. ASTHMA 哮喘

Does your child have asthma?

您的孩子是否有任何过敏反应

Yes 是 No 否

List any medications your child takes for asthma, including dosage and frequency:

请列明任何您孩子的哮喘药方, 包括剂量和使用频率:

3. DIABETES 糖尿病

Is your child diabetic?

您的孩子是否糖尿病患者?

Yes 是 No 否

If YES, which type?

若是, 是什么类型?

Type 1
第一型 Type 2
第二型

Please describe the management, including medications:

请述明管理方式, 包括药物疗法在内:

4. EPILEPSY 癫痫症

Does your child have epilepsy?

您的孩子是否有癫痫症?

Yes 是 No 否

If YES, which type?

若是, 是什么类型?

Grand Mal
癫痫大发作 Petit Mal
癫痫小发作

What is the frequency of seizures?

癫痫发作频率?

Please list medications, including dosage and frequency:

请列明药方, 包括剂量和使用频率

5. ANY OTHER MEDICAL CONDITIONS (Please specify below)

D. PERMISSION FOR MEDICATIONS 药疗权限

Please note that the Nurse will store your child's medication in the Boarding House Sick Bay, whereby the medication(s) will be given to your child as prescribed. No child is allowed to keep medicine and self medicate.

若您有意将您孩子的药方存放于寄宿校舍的医务室以便您的孩子能如期般服药，您当告知相关护士。孩子们不被允许收藏或私自服用药物。

The Boarding House Parent

House parents and boarding nurse/ matron have permission to administer the following medication if deemed appropriate.

寄宿护士/寄宿校舍长可在正确考量下处理下列药方

Antacids 解酸剂	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Charcoal Tablets 炭片	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Optrex Eye Drops Optrex 缓解眼痛滴眼液	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Oral Rehydration Salt 口服补液盐	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Throat Lozenges 喉片	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Ventolin Inhaler (Salbutamol) 喘乐宁吸入器 (沙丁胺醇)	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Stomach Pain Rub	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Vicks/Vapourub	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

Parent / Guardian Signature:
父母 / 监护人签名

Date:
日期

Name:

I/C/Passport Number:

E. ADMINISTRATION OF SCHEDULED VACCINATIONS AND IMMUNISATIONS 疫苗接种与免疫计划管理

Please fill in the following schedule with the dates of each vaccination and immunisation that your child has received.

请填写下列有关每一个您孩子所接受的疫苗接种和免疫注册的时间表与日期。

Type Of Vaccination 疫苗种类	Date 日期					
	1st 第一次	2nd 第二次	3rd 第三次	1st Booster 第一加强剂量	2nd Booster 第二加强剂量	3rd Booster 第三加强剂量
BCG 卡介苗						
Chicken Pox / Varicella 水痘						
Diphtheria 白喉						
Hepatitis A A 型肝炎						
Hepatitis B B 型肝炎						
Hib 流感嗜血杆菌疫苗						
Japanese Encephalitis JBE 日本脑炎						
Measles 麻疹						
Meningococcal 脑膜炎						
Mumps 腮腺炎						
Pertussis 百日咳						
Pneumococcus 肺炎双球菌						
Polio 小儿麻痹症						
Rotavirus 轮状病毒						
Rubella 风疹						
Tetanus 破伤风						
Typhoid 伤寒症						
Others 其他						

I acknowledge that the information pertaining to my child’s medical and health record is accurate and correct to the best of my knowledge.

我承认就我所知,有关我孩子的医疗与健康记录资料是准确无误的。

Parent / Guardian Signature:
父母 / 监护人签名

Date:
日期

Name:

I/C/Passport Number:

F. PERMISSION FOR EMERGENCY CARE 紧急护理许可

I hereby give permission for emergency measures (in index C, D, & E) to be initiated for my child in case of serious injury or illness. This includes ambulance transportation to a hospital, with the understanding that I will be contacted as soon as possible.

Parent / Guardian Signature:
父母 / 监护人签名

Date:
日期

Name:

I/C/Passport Number:

G. ROOM INVENTORY ACCEPTANCE 房间清单验收

Please sign to accept the following articles as part of the facility in the Boarding House:

1. Bed and Bed Sheets (x2)
2. Pillow Case (x1)
3. Duvet with cover/Blanket (x1)
4. Desk (x1)
5. Chair (x1)

Parent / Guardian Signature:
父母 / 监护人签名

Date:
日期

Name:

I/C/Passport Number: