

THE EDUCATION UNIVERSITY OF HONG KONG

香港教育大學

**PARENTAL CONSENT FORM FOR STUDENTS UNDER THE AGE OF 18#**

**家長同意書 (適用於未滿十八歲之學生)#**

**This form should be completed by the student's parent or guardian.**

本表格須由學生家長或監護人填寫。

- I understand and accept that The Education University of Hong Kong (the "University") does not accept parental responsibility for the student named below ("Student").  
本人明白並同意香港教育大學 (以下簡稱「教大」) 無須為下述學生 (以下簡稱「學生」) 承擔任何家長責任。
- I give my consent to allow the Student to act on his/her behalf to participate in the University activities which are part of his/her learning experience such as selection of academic programmes/courses, participation in campus/off campus activities, overseas study tours, etc.  
本人同意學生可代表自己參與由教大安排的各項活動，並成為其學習經驗之一部分，包括選擇主修課程及修讀科目，參與校外或校內活動，外地遊學團等。
- I consent to the University acting on medical advice in the best interests of the student to authorize emergency medical treatment if it is not possible to contact me.  
若因故未能聯繫到本人，本人同意並授權教大可遵照醫囑對學生施行緊急醫療措施，以保證學生的最大利益。
- In view of the personal data legislation in Hong Kong, I understand and accept that the University cannot release information relating to the student, either academic or personal, without the student's consent to the University.  
本人明白並同意，按照香港關於個人資料的法規，教大如未獲學生的同意，不可披露與學生相關的學業資料或個人資料。

Name of student 學生姓名：	(English 英文)  (Chinese 中文)
First 4 digits of HKID/Passport number of student (e.g.: S100) 學生香港身份證/護照號碼頭 4 位 (例如: S100)：	
Date of Birth of student 學生出生日期：	
Name of Parent/Guardian 家長/監護人姓名：	(English 英文)  (Chinese 中文)
Emergency contact telephone number 緊急聯絡電話：	
DECLARATION: I declare that I have read and ACCEPT the above conditions 聲明：本人聲明已閱讀並接受上述條文	
Signature of Parent/Guardian 家長/監護人簽名：	
Date 日期：	