

# 基督教宣道會錦綉幼稚園/幼兒學校通告(第 20/21- 49 號)

## 參與『全港學童健康』問卷調查家長同意書

敬啟者：

本校與香港中文大學醫學院兒科學系之研究單位就香港學童健康進行問卷調查，現誠邀 貴子女參與『全港學童健康』問卷，此問卷調查涵蓋香港學童食物不良反應患病率變化趨勢情況，是一項嚴謹、專業及有代表性的醫學探討，對推廣香港學童健康有莫大裨益。

是次問卷調查為自願性質，所有問卷的資料將會保密處理，個人資料及答案不會公開，並只使用於研究和評估計劃成效之用途，學生可按其意願決定參與與否。

請 貴家長鼓勵 貴子女參與是次有意義之問卷調查，並請於 5 月 17 日(星期一)將填妥之同意書及『全港學童健康』問卷交回班主任，以便統籌辦理。

此 致  
貴 家 長

基督教宣道會錦綉幼稚園/幼兒學校



校長： 林琮美 啟  
林琮美

2021 年 5 月 12 日

## 回 條

敬覆者：

本人與敝子弟 同意 / 不同意 參與香港中文大學醫學院兒科學系之『全港學童健康』研究問卷調查。

此 覆

基督教宣道會錦綉幼稚園/幼兒學校

學生姓名：\_\_\_\_\_ 班 別：\_\_\_\_\_

家長簽署：\_\_\_\_\_ 日 期：\_\_\_\_\_

## C. & M. A. Fairview Park Kindergarten/ Nursery School Notice (20/21-049)

### Parent Consent Form for Participating in the "Hong Kong School Children's Health" Questionnaire

12<sup>th</sup> May, 2021

Dear Parents :

Our school and the research unit of the Department of Pediatrics from The Chinese University of Hong Kong School of Medicine conducted a questionnaire survey on the health of Hong Kong schoolchildren. We sincerely invite your children to participate in the " Hong Kong School Children's Health " questionnaire. This questionnaire covers the trend of changes in the prevalence of adverse food reactions among Hong Kong schoolchildren. It is a rigorous, professional and representative medical discussion, which is of great benefit to the promotion of the health of Hong Kong school children.

This questionnaire survey is voluntary. All questionnaire data will be kept confidential. Personal information and answers will not be made public, and will only be used for research and evaluation of the effectiveness of the project. Students can decide whether to participate or not according to your wishes.

Please encourage your children to participate in this meaningful questionnaire and please return the completed consent form and the " Hong Kong School Children's Health " questionnaire to the head teacher on 17<sup>th</sup> May, 2021(Monday) for collection co-ordination.



Yours sincerely,

*Helen Lam*  
Lam King Mei Helen  
The Principal

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#### Reply slip

To: C. & M. A. Fairview Park Kindergarten

My child and I agree / do not wish to participate in the Hong Kong School Children's Health Research Questionnaire of the Department of Pediatrics from The Chinese University of Hong Kong School of Medicine.

Student's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_