

# 陳樹渠紀念中學

## Chan Shu Kui Memorial School

學校通告編號：S24/25-022

### 多元訓練活動日「文化同源·廣州兩日一夜文化交流團」

敬啟者：本校將於 11 月 1 日至 11 月 2 日為中六學生舉行「多元訓練活動日」。本年學校將安排學生到內地廣州進行兩日一夜的文化交流，以了解國情，擴闊眼界。活動詳情如下：

行程名稱	「文化同源·廣州文化交流團」
活動目的	一、學生能夠了解廣州與香港「文化同源」 二、學生能夠認識全國重點文物保護單位 三、學生能夠認識廣州「歷史文化名城」的魅力 四、學生能夠體驗廣州人民的生活風俗
日期	2024 年 11 月 1 日（星期五）至 2024 年 11 月 2 日（星期六）
費用	全免（全額團費由學校資助，包括參訪活動、膳食、交通，以及基本的團體綜合旅遊保險）
交通安排	行程另函通知
考察行程詳情	行程另函通知
住宿安排	廣州四星級酒店
備註	<ul style="list-style-type: none"><li>● 請備妥和妥善保管個人身份證明文件，包括香港身份證及回鄉證或護照，以及簽證身份書或其他有效旅遊證件。</li><li>● 隨函附上「<u>學生健康及膳食需要申報表</u>」一份，請填妥後連回條一併交回班主任。</li><li>● 若出發前有同學要求退出，退出的同學須支付全額團費及因退團而產生的額外費用。只在特殊情況下，如同學患病（須具醫生證明書）或因其他重要事故而不能如期隨隊出發，學校才會考慮不撤銷對該同學的資助。</li><li>● 醫生證明必須由香港註冊之中醫或西醫所簽發之病假紙，而醫生所建議之病假必須包括出發當天；所有到診紙、病歷表、收據均不會獲接納為退團文件，該名同學須繳付相關團費。</li><li>● 是次考察獲承辦商購買基本的團體綜合旅遊保險，如有需要，家長可自行為子女購買額外旅遊保險。</li><li>● 同學必須遵從老師的指導，嚴守紀律和法規，並注意安全。如遇上任何意外或特別情況，同學須即時向老師報告。</li><li>● 缺席同學當天須回校完成學校安排的學習任務。</li></ul>

同學須於考察前、考察時及考察後完成相關的學習活動。是次考察對同學了解國情和國家最新發展、增進對中華文化的認識和欣賞甚為重要。請家長教導子女積極把握學習機會，並準時出席所有活動。

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敬請家長於 2024 年 09 月 23 日或以前簽署以下回條，並連同「學生健康及膳食需要申報表」交回班主任，以便辦理及備案。如有查詢，請致電 23800241 與謝德俊主任聯絡。

此致

各位家長



招祥麒

校長 招祥麒博士

2024 年 09 月 19 日

回 條

多元訓練活動日（「文化同源·廣州兩日一夜文化交流團」）

敬覆者：有關 貴校通告（編號：S24/25-022）內容，業已知悉，並

同意

不同意（原因：\_\_\_\_\_）

敝子弟參加上述活動。

此致

陳樹渠紀念中學校長

學生姓名：\_\_\_\_\_

家 長 姓 名：\_\_\_\_\_

班 別：\_\_\_\_\_ 班 號：\_\_\_\_\_

簽 署：\_\_\_\_\_

請於 2024 年 09 月 23 日或以前簽署並遞交。

2024 年 \_\_\_\_ 月 \_\_\_\_ 日

# 陳樹渠紀念中學

## Chan Shu Kui Memorial School

多元訓練活動日

「文化同源·廣州兩日一夜文化交流團」

### 學生健康及膳食需要申報表

一、個人資料（請以正楷書寫中英文姓名，並與身份證完全相同，所有欄目必須填寫）

中文姓名：	英文姓名：		
班級：	性別：		
手提電話：	出生日期：	年 月 日	年齡：

二、健康及膳食需要申報表（請參加者按照個人健康狀況及宗教信仰回答下列問題）

1. 以往曾否有經驗顯示本人健康不適宜作劇烈運動？ 答： <input type="checkbox"/> 是（請寫上詳細情況：_____） <input type="checkbox"/> 否
2. 以往曾因病入院接受治療、檢查或大小手術？ 答： <input type="checkbox"/> 是（請寫上疾病名稱及入院日期：_____） <input type="checkbox"/> 否
3. 以往曾否患有嚴重/長期疾病？ 答： <input type="checkbox"/> 是（請寫上疾病名稱：_____） <input type="checkbox"/> 否
4. 是否需要長期服藥？ 答： <input type="checkbox"/> 是（請寫上藥名及劑量：_____） <input type="checkbox"/> 否
5. 是否有食物、藥物或其他過敏反應？ 答： <input type="checkbox"/> 是（請寫上食物、藥物或其他過敏原：_____） <input type="checkbox"/> 否
6. 是否因健康理由而需要特別膳食安排？ 答： <input type="checkbox"/> 是（請註明詳情及醫生之特別指示：_____） <input type="checkbox"/> 否
7. 其他身體情況，請註明：_____
8. 如因宗教信仰而需要特別膳食安排，請註明：_____

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### 三、緊急聯絡人資料

聯絡人(一)	聯絡人(二)
姓名： _____ 關係： _____	姓名： _____ 關係： _____
緊急聯絡電話： _____	緊急聯絡電話： _____

### 四、家長/監護人同意書

本人同意小兒/女 \_\_\_\_\_ (同學姓名) 參加廣州兩日一夜文化交流團。謹此聲明第二部分健康申報表正確無訛，及小兒/女身體狀況良好，並無任何疾病導致不適宜參加是次活動。本人並授權隨團教師或負責人在緊急情況下，為其作出適當的醫療安排。

家長/監護人姓名： \_\_\_\_\_ 家長/監護人簽署： \_\_\_\_\_ 日期： \_\_\_\_\_

註：隨團教師將根據此表了解參加同學的情況，如有否嚴重/長期疾病記錄或食物/藥物/其他過敏反應等。若同學在行程中突然不適，有關資料將有助通知醫療機構以迅速處理有關情況。學校及隨團教師將根據《個人資料(私隱)條例》規定，處理相關的個人資料。

# 陳樹渠紀念中學

## Chan Shu Kui Memorial School

School Circular No.: S24/25-022

19 September 2024

To: Parents

### Diversified Training Activity Day: "Cultural Roots - Guangzhou Overnight Cultural Exchange Tour"

Our school will hold a "Diversified Training Activity Day" for Form Six students from November 1 to November 2. This year, the school will arrange for students to visit Guangzhou in mainland China for an overnight cultural exchange to understand the latest developments in our country and broaden their horizons. Details of the activity are as follows:

Itinerary Name	Cultural Roots - Guangzhou Overnight Cultural Exchange
Objectives	A. Students will understand the cultural connections between Guangzhou and Hong Kong. B. Students will become familiar with key national heritage protection sites. C. Students will experience the charm of Guangzhou as a "Historical and Cultural City." D. Students will appreciate the customs of people in Guangzhou.
Date:	November 1, 2024 (Friday) to November 2, 2024 (Saturday)
Fee	Free of charge (All expenses are funded by the school, including visits, meals, transportation, and basic group comprehensive travel insurance.)
Transportation	Details will be announced later.
Details	Details will be announced later.
Accommodation	Four-star hotel in Guangzhou.
Remarks	<ul style="list-style-type: none"><li>● Please prepare and securely keep personal identification documents, including Hong Kong Identity Card, Home Return Permits or Passport, and Visa Identity Card or other valid travel documents.</li><li>● Enclosed is a "Student Health and Dietary Needs Declaration Form." Please complete it and return it along with the reply slip to your class teacher.</li><li>● If any student requests to withdraw before departure, the withdrawing student must pay the full tour fee and any additional costs incurred due to the withdrawal. The school will only consider not revoking funding for the student under special circumstances, such as illness (with a doctor's certificate) or other significant incidents preventing them from departing with the group.</li><li>● The doctor's certificate must be issued by a registered Chinese or Western doctor in Hong Kong, and the recommended sick leave must include the day of departure. All diagnosis papers, medical records, and receipts will not be accepted as withdrawal documents; the student must pay the relevant group fees.</li><li>● Basic group comprehensive travel insurance has been purchased by the contractor for this trip. If needed, parents may purchase additional travel insurance for their children.</li><li>● Students must follow the guidance of teachers, strictly adhere to discipline and regulations, and pay attention to safety. In the event of any accidents or special circumstances, students must report immediately to the teachers.</li><li>● Students who are absent must return to school on the same day to complete the assigned learning tasks.</li></ul>

Students are required to complete relevant learning activities during the trip. This visit is crucial for students to understand national conditions and the latest developments in the country, as well as to enhance their appreciation of Chinese culture. Parents are encouraged to guide their children to actively seize the learning opportunities and attend all activities punctually.

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Chan Shu Kui Memorial School

**3. Emergency Contact Information**

Contact Person (1)		Contact Person (2)	
Name:	Relationship:	Name:	Relationship:
Emergency Contact Number:		Emergency Contact Number:	

**4. Parent/Guardian Consent Form**

I hereby consent for my child, \_\_\_\_\_ (student's name), to participate in Cultural Roots - Guangzhou Overnight Cultural Exchange Tour. I declare that the information provided in the second part of the health declaration form is accurate and that my child is in good physical condition with no health issues that would prevent them from participating in this activity. I authorize the accompanying teacher or responsible individual to make appropriate medical arrangements in case of emergency.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

*Note: The accompanying teacher will use this form to understand the participating student's health conditions, including any records of severe/chronic illnesses or food/drug/other allergies. Having this information will be helpful in notifying medical institutions promptly should the student feel unwell during the trip. The school and accompanying teacher will handle relevant personal data in accordance with the Personal Data (Privacy) Ordinance.*

陳樹渠紀念中學  
Chan Shu Kui Memorial School

Diversified Training Activity Day

"Cultural Roots - Guangzhou Overnight Cultural Exchange Tour"

**Student Health and Dietary Needs Declaration Form**

**1. Personal Information** (Please write your name in Chinese and English in regular script, identical to your ID card. All fields must be filled out)

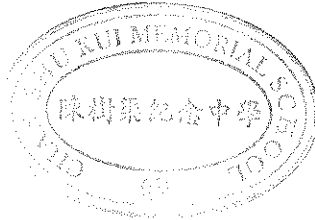
Chinese Name:	English Name:
Class:	Gender:
Mobile Number:	Date of Birth: (yyyy) (mm) (dd) Age:

**2. Health and Dietary Needs Declaration Form** (Participants are required to answer the following questions based on personal health conditions and religious beliefs)

9. Have you ever experienced conditions indicating that vigorous exercise is not suitable for you? Answer: <input type="checkbox"/> Yes (Please provide details: _____) <input type="checkbox"/> No
10. Have you ever been hospitalized for treatment, examination, or surgery? Answer: <input type="checkbox"/> Yes (Please provide the name of the illness and admission date: _____) _____ ) <input type="checkbox"/> No
11. Have you ever suffered from severe/chronic diseases? Answer: <input type="checkbox"/> Yes (Please provide the name of the disease: _____) _____ ) <input type="checkbox"/> No
12. Do you require long-term medication? Answer: <input type="checkbox"/> Yes (Please provide the name of the medication and dosage: _____) _____ ) <input type="checkbox"/> No
13. Do you have any food, drug, or other allergies? Answer: <input type="checkbox"/> Yes (Please provide the allergen: _____) _____ ) <input type="checkbox"/> No
14. Do you require special dietary arrangements for health reasons? Answer: <input type="checkbox"/> Yes (Please specify details and doctor's special instructions: _____) _____ ) <input type="checkbox"/> No
15. Other physical conditions, please specify: _____
16. If you require special dietary arrangements due to religious beliefs, please specify: _____ _____

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Chan Shu Kui Memorial School

Please kindly sign the reply slip and return along with the "Student Health and Dietary Needs Declaration Form" to your class teacher by September 23, 2024, for processing and record-keeping. For enquiries, please contact Mr. Tse Tak-chun on 23800241. Thank you very much for your attention.



*Chiu Cheung Ki*

Dr. Chiu Cheung Ki  
Principal

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Reply Slip

**Diversity Training Activity Day: "Cultural Roots - Guangzhou Overnight Cultural Exchange Tour"**

To: The Principal, Chan Shu Kui Memorial School

Circular no.: S24/25-022 has been read and understood. I

Agree

Disagree(Reason: \_\_\_\_\_)  
my child to attend this activity.

Name of Student : \_\_\_\_\_

Name of parent : \_\_\_\_\_

Class : \_\_\_\_\_ Class no. : \_\_\_\_\_

Signature : \_\_\_\_\_

Please sign and return on or before 23 September, 2024.

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