



PO LEUNG KUK VICWOOD K.T. CHONG SIXTH FORM COLLEGE

12 Willow Street, Tai Kok Tsui, Kowloon, Hong Kong.

保良局莊啓程預科書院

九龍大角咀柳樹街十二號

SA48/1819/SC/003

3<sup>rd</sup> September 2018

Dear Parents,

Re: Charges for Accident and Emergency Services

The Government approved the introduction of fees for accident and emergency (A&E) services with effect from 29 November 2002. From 18 June 2017, there are new fees and charges at a rate of \$180 per attendance for eligible persons. As instructed by the Hospital Authority and the Education Bureau, we would like to inform you of the procedures the school will observe when sending students to the A&E Department of public hospitals for medical treatment:

1. We will follow our common practice, to ask for ambulance service if students require urgent medical treatment.
2. The school will inform parents as soon as possible, and parents will be advised to go to the hospital immediately to look after their children.
3. The school will not pay for the A&E services; students/ parents should get the payment advice to settle the payment by themselves.
4. Under normal circumstances students will be sent to the A&E Department of the nearest public hospital (e.g. Kwong Wah Hospital).

Thank you for your attention.

Yours faithfully,

Dr. Lee Poon Shing,  
Principal



Reply slip

SA48/1819/SC/003

Dear Principal,

Please be informed that I have read the notice concerning the charge for A&E services and acknowledged the responsibility of paying for the accident and emergency (A&E) services provided for my child.

Signature of parent : \_\_\_\_\_

Name of student : \_\_\_\_\_

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

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



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敬啟者：

急症室收費家長信

本港公立醫院急症室已於二零零二年十一月二十九日起收取診治費。從 2017 年 6 月 18 日起，醫院管理局轄下醫療服務已實施新收費，每次診症收費為 180 元。本校接獲醫管局及教育局通知並就這項措施，訂定了下列各項照顧 貴子弟安全的守則：

- 一、 貴子弟若有需要，本校將會召喚救護車把他送往公立醫院，並通知家長。
- 二、 家長必須立即安排家人或親友到醫院急症室照顧 貴子弟。
- 三、 本校不會支付任何診治費用，請 貴子弟或家長向醫院索取繳費通知書後，自行處理繳費事宜。
- 四、 在一般情況下，救護員會將同學送往就近的公立醫院 (即廣華醫院)。

此致  
貴家長

二零一八年九月三日



保良局莊啟程預科書院校長  
李盤勝博士謹啟

回 條

SA48/1819/SC/003

敬覆者：本人為\_\_\_\_\_班，學生\_\_\_\_\_ (導師: \_\_\_\_\_) 之家長，經已知悉 貴校就公立醫院急症室收費一事的安排。本人承諾負責有關急症室所收醫療費用。

此覆

保良局莊啟程預科書院校長

家長

\_\_\_\_\_  
謹覆

二零一八年九月 日

--> Joan (G.O.)