

# FOR SCHOOL CHILDREN PARTICIPATING IN SCHOOL OUTREACH (EXTRA CHARGE ALLOWED) PROGRAMME

## Consent to Use Vaccination Subsidy Vaccination Subsidy Scheme Department of Health

eHS(S) Transaction No. (For Doctor's Use) <b>ONE TRANSACTION NUMBER ONLY</b>
<b>TG</b> -                      -

Note: Please complete this form in BLOCK letters using black or blue pen. Put a "✓" in the most appropriate box and \*delete as appropriate. **Two consent forms are required for two doses of subsidised vaccination.** Please read the information sheet about the Vaccination Subsidy Scheme and the concerned vaccine before you sign this form.

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I consent to use the Government subsidy for **my child / my ward** \* to receive Seasonal Influenza Vaccination under the Vaccination Subsidy Scheme with details as follows:-

Name of Doctor		Date of Vaccination	
School Attending		Class & Student No.	

### Type and Dose Sequence of Seasonal Influenza Vaccine (Put a "✓" in the most appropriate box)

<input type="checkbox"/> Quadrivalent Inactivated Influenza Vaccine (Injectable)  <input type="checkbox"/> Quadrivalent Live Attenuated Influenza Vaccine (Nasal Spray)	<p><b>ALL school children aged 9 or above:</b></p> <input type="checkbox"/> The only dose for this season <b>Children aged below 9 but have received Seasonal Influenza Vaccination in previous seasons:</b> <input type="checkbox"/> The only dose for this season <b>Children aged below 9 but have <u>NEVER</u> received Seasonal Influenza Vaccination in previous seasons (vaccine naïve children):</b> <input type="checkbox"/> The first dose for this season <input type="checkbox"/> The second dose for this season
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### The Personal Details of Vaccine Recipient (as indicated on identity document)

Name: _____ English (surname) (given name)	_____ Chinese (surname) (given name)
Date of Birth: ____/____/____ (dd/mm/yyyy)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

### Identity Document (Please put a "✓" in the box and fill in the document number as appropriate)

<input type="checkbox"/> Hong Kong Birth Certificate Registration No.:	_ _ _ _ _ _ _ _ _  ( )
<input type="checkbox"/> Hong Kong Identity Card No.: Date of Issue: ____/____/____ (dd/mm/yyyy)	_ _ _ _ _ _ _ _ _  ( ) HKIC Symbol: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U
<input type="checkbox"/> Hong Kong Re-entry Permit No. (Beginning with "RM" / "RS"): Date of Issue: ____/____/____ (dd/mm/yyyy)	R _ _ _ _ _ _ _ _ _
<input type="checkbox"/> HKSAR Document of Identity No. (Beginning with "D") : Date of Issue: ____/____/____ (dd/mm/yyyy)	D _ _ _ _ _ _ _ _ _
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B) - Birth Entry No.: Permitted to remain until: ____/____/____ (dd/mm/yyyy)	_ _ _ _ _ _ _ _ _  ( )
<input type="checkbox"/> Non-Hong Kong Travel Documents No. (e.g. Foreign passports): HKSAR Visa / Reference No.:	_ _ _ _ _ _ _ _ _  -  _ _ _ _ _ _ _ _ _  -  _ _ _  ( )
<input type="checkbox"/> Certificate issued by the Births Registry for adopted children - No. of Entry:	_ _ _ _ _ _ _ _ _  /  _ _ _ _ _ _ _ _ _
<input type="checkbox"/> If the recipient is not the holder of the above documents, please enclose a <b>copy</b> of other identity document.	Document number: _____

**I have read / been informed and fully understood my obligation and liability under this consent form and the Statement of Purpose of Collection of Personal Data. I also confirm that the aforementioned vaccine recipient is currently attending primary school or kindergarten/ kindergarten-cum-child care centre/ child care centre in Hong Kong.**

Signature of Parent / Guardian: \_\_\_\_\_  
Name of Parent / Guardian (in English): \_\_\_\_\_  
Relationship:  Father  Mother  Guardian  
Contact Telephone No.: \_\_\_\_\_  
Date: \_\_\_\_\_

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### **Undertaking and Declaration**

1. I declare the information provided in this form is correct.
2. I agree to provide my child/ward's personal data in this form and any information related to this consultation for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data". I hereby give consent to the doctor to transfer and release my child/ ward's personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Department of Health may contact me to verify whether myself has received vaccination by using the Government subsidy.
3. This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
4. I have read this consent form carefully and fully understood my obligations and liability under this consent form.

### **Statement of Purpose**

#### **Purpose of Collection**

1. The personal data provided will be used by the Government for one or more of the following purposes:
  - (a) for creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the Vaccination Subsidy Schemes, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
  - (b) for statistical and research purposes
  - (c) for receiving vaccination information provided by the Government; and
  - (d) any other legitimate purposes as may be required, authorised or permitted by law.
2. The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
3. The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to use the subsidy.

#### **Classes of Transferees**

4. The personal data you provided are mainly for use within the Government but the information may also be disclosed by the Government to other organisations, and third parties for the purposes stated in paragraphs 1 and 2 above, if required.

#### **Access to Personal Data**

5. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request.

#### **Enquiries**

6. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to:  
Executive Officer (Vaccination Subsidy Scheme)  
Address: 3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon  
Telephone No.: 2125 2125