Academic Regulations and Records Office
Tel No. : 3442 2300
Fax No. : 3442 0270
Online enquiry form:
www6.cityu.edu.hk/arro/enquiry.asp

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。

1. I understand and accept that City 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城市大學（以下簡稱「大學」）無須爲下述學生（以下簡稱「學生」）承擔任何家長責任。

2. I understand and accept that the University is an adult environment and that the Student will generally be treated as an adult. As a student, he/she will participate in University activities which are part of his/her learning experience.
   本人明白並同意大學是一個為成年人提供學習的地方，總體而言會以成年人的方式對待學生。身爲學生，他/她將參與大學活動，並成爲其學習經歷的一部份。

3. 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 a parent or guardian. I agree to be financially responsible for any medical services obtained by the University on behalf of the Student.
   若因故未能聯繫到家長或監護人，本人同意並授權大學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。本人願意承擔大學為學生提供的醫療服務費用。

4. I understand that integration into a new learning environment could place particular challenges, both mental and physical, on the Student and that, if he/she is currently receiving treatment for any allergies or illness, I shall discuss with him/her and the doctor about plans to manage his/her health condition while studying in the University and fully inform the University accordingly.
   本人明白，學生在融入新的學習環境對其身心都會是一種挑戰，若他/她正接受過敏或疾病治療，本人會與他/她及醫生討論並共同制定計劃，來處理他/她於大學就讀期間的健康狀況，並全然通知大學。

5. In view of 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, unless under emergency situations as determined by the University.
   本人明白並同意，按照香港關於個人資料的法規，除非在大學判定為緊急狀況下，大學如未獲學生的同意，不可披露與學生相關的學業資料或個人資料。

6. I would remind the Student that as long as the Student is under the age of 18:
   如學生未滿十八歲，本人會提醒該學生：

   (a) the Student should refrain from consuming alcohol within the University campus or during University activities outside the campus; and
   學生不應在進行大學活動期間(包括校內及校外)飲酒；同時

   (b) the Student should not hold office in student bodies if that office requires a person of age 18 or above.
   若某學生組織的職位要求任職者須年滿十八歲或以上，該學生不可出任該組織的相關職位。

Name of Student 學生姓名	Family name 姓	First name(s) 名
CityU Student Number 城大學生號碼		
Name of Parent/Guardian 家長/監護人姓名	Family name 姓	First name (s) 名
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		