



余振強紀念第二中學  
**Yu Chun Keung Memorial College No.2**  
 香港薄扶林置富徑一號  
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Dear Parents,

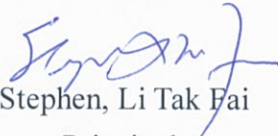
**Healthy School Program with a Drug Testing Component**

In recent years, the social atmosphere has changed rapidly, and students are constantly being challenged and tested in many aspects during their growth. Teenagers and schools are deeply worried about the problems of seeking material enjoyment and indulging in the Internet.

Since this academic year, the school has fully implemented the 'Healthy School Program with a Drug Testing Component'. Through different types of activities, such as community service, leadership training, talent training courses and 'School Drug Testing' to promote healthy living messages and a non-toxic culture to help students with their healthy growth by staying away from drugs. The 'School Drug Testing' measure is a voluntary drug testing activity. It must be approved by parents and students. It should be conducted under the principle of confidentiality. The purpose is to strengthen students' awareness of resisting drugs, and construct a non-toxic and healthy campus.

The success of the program depends on the support of all parents and students. Enclosed is the 'Participation Consent Form'. Parents are requested to complete the form and return it to the class teacher after the school resumption. For enquiries, please contact Mr. Yeung SL at 2551 8285.

Yours faithfully,

  
 Stephen, Li Tak Fai  
 Principal

3<sup>rd</sup> February, 2021

Truth: Understand it; Live it; Uphold it!

Reply Slip

Upon receipt of School Notice No. 2020/2021

I acknowledge receipt of 2020/21 School Circular No.21.

I have learnt about the 'Participation Consent Form' of the 'Healthy School Program with a Drug Testing Component'.

\*I allow my child to join the 'Healthy School Program with a Drug Testing Component'.

\*I do not allow my child to join the 'Healthy School Program with a Drug Testing Component'.

Regards,

Principal of Yu Chun Keung Memorial College No.2  
 Form \_\_\_\_\_ Name: \_\_\_\_\_ ( )

Parent's signature: \_\_\_\_\_

\_\_\_\_\_ (date) \_\_\_\_\_ (month) 2021

\*Please put in a '✓' as appropriate.



**Yu Chun Keung Memorial College No.2**  
**CONSENT TO PARTICIPATION**  
**School Drug Testing Scheme 2020-2021**

To: Mr LI Tak-Fai

Principal of Yu Chun Keung Memorial College No.2

We, the undersigned student (the student) and parent/guardian, acknowledge that a copy of the Protocol of the School Drug Testing Scheme (The Scheme) has been uploaded on the school intranet for our access. We have read the Protocol, understood its content as well as that of this consent form.

**Drug Testing**

Under the Scheme for the school year 2020-21, we hereby consent and undertake to provide a hair specimen of the student to be collected and tested for the presence of illicit drugs.

**Support Programme**

We hereby consent and undertake to join the support programme under the Scheme if the above drug testing result is positive, or if the student joins by self-referral.

**Collection, Use and Release of Personal Data**

We understand that our personal data (including drug testing results of the student) will be collected by and/or released to the following concerned parties mentioned in the Protocol on a confidential and need-to-know basis and only for the purposes of the Scheme –

1. relevant staff of TWGHs CROSS Centre, the School Drug Testing team, and the staff of the relevant Counselling Centre for Psychotropic Substance Abusers which will render follow-up service to the student upon any positive test result or upon self-referral;
2. the school social worker of Yu Chun Keung Memorial College No.2;
3. the school principal or any school staff designated to act on his behalf, the class teacher of the student, and \_\_\_\_\_ (that is, any other teacher if so suggested by the student) of Yu Chun Keung Memorial College No.2;
4. the school project assistant of Yu Chun Keung Memorial College No.2;
5. the student's parents/guardians; and
6. relevant staff<sup>#</sup> of Yu Chun Keung Memorial College No.2 assigned by the school principal to facilitate selected students' attendance to the specimen collection site for drug testing and other necessary clerical work for the Scheme.

<sup>#</sup> These staff will not be informed of the drug testing results of the student.

We understand we may request access to and correction of our personal data under the Personal Data

(Privacy) Ordinance (Cap. 486 Laws of Hong Kong), and that any such request to you may be made at the address and telephone number provided in the note below.

We also understand that –

- (a) we may withdraw the above consent and undertaking at any time by written notice to you; and
- (b) we will be informed if the student gives a notice of withdrawal, refuses to provide a specimen of hair for drug test under the Scheme, or refuses to continue with the Scheme in any other ways.

We hereby agree to give the above consent and undertaking to participate in the Scheme on a voluntary basis.

We do not wish to participate in the Scheme.

*{Please select and tick ONE of the two boxes above.}*

Parent's/Guardian's\* Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(In Block)

Student's Name (In Block) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Class and Class No. \_\_\_\_\_

Contact telephone number of Parent/Guardian\*: \_\_\_\_\_

*\*Delete as appropriate*

For the purposes of the Scheme, I consent to my drug testing results being disclosed to my parents/guardians.

Student's Name (In Block) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notes:**

1. Exclusion – students who are currently subjected to supervision under the law, such as probation order, community service order, supervision order or a suspended sentence shall not participate in the Scheme.
2. Contact information of Mr. YEUNG Siu Lan Teacher of Yu Chun Keung Memorial College No.2.

Address: 1 Chi Fu Close, Pokfulam, HK. Tel: 2551 8285.