

Caritas Wu Cheng-chung Secondary School
2020/2021 Scholastic Year Parent Circular No.18
Precautionary Measures for School Resumption of Face-to-Face Classes

8th September, 2020

Dear Parents/Guardians,

Regarding the risk of COVID-19 infection, all secondary schools will resume face to face classes in phases. Please take notice of the following arrangements and measures for the school resumption:

- a. All students must return "Declaration form for travel history and health status of students" (refer to appendix 1) on the first day of class resumption.
- b. Please check the body temperature of your child before letting them to attend school. Please mark their body temperature and sign on the record sheet (refer to appendix 2). If there is no temperature checking record of your child, your child's class teacher will contact you.
- c. According to the digital thermometers of our school, body temperature ranging from 35.8°C to 37.8°C is regarded as normal. If students' body temperature is above 37.8°C, it means a fever. If student is having a fever or feeling unwell, class teacher will contact parents for bringing students home. If early leave cannot be arranged, student will be quarantined for taking rest and taken care by teachers.
- d. All students should wear mask all the time in campus (also during extra-curricular activities or PE lessons). Students should prepare their own mask. Your child may take one mask (for maximum) from school if necessary.
- e. Students should wash their hands before eating and after sneezing or coughing. Please avoid sharing towel or cookery with schoolmates.
- f. We will make sure the proper ventilation of each classroom. The dust filters of air-conditioners will be clean thoroughly in every classroom.
- g. Diluted bleach will be used to sterilize school facilities every day.
- h. If there are symptoms among students or large number of sick leaves arises, we will inform the District Hygiene Office and the Education Bureau.

For enquiries, please contact school at 2817 2318.

Thank you for your attention.

Yours faithfully,



Dr. CHUNG Chi Yuen, Stanley
Principal



Biblical Quote: A joyful heart is the health of the body, but a depressed spirit dries up the bones. (Pro.17:22)

} <

2020/2021 Scholastic Year Parent Circular No. 18 Reply Slip

Dear Principal Chung,

I acknowledge the circular about Precautionary Measures for School Resumption of face-to-face classes.

Student's Name: _____ Class: _____ Class no.: _____
Parent's Name: _____ Parent's Signature: _____
Parent's Contact no.: _____ Date: _____

Caritas Wu Cheng-chung Secondary School

2020-2021 Declaration form for travel history and health status of students

Please complete the below form and return to schools (Please put a "✓" in the appropriate box)

Part A – Travel history of your child outside Hong Kong in the past 14 days

My child has not been away from Hong Kong in the past 14 days prior to class resumption

My child has paid visit outside Hong Kong in the past 14 days prior to class resumption

Duration: From _____ (Month) _____ (Day) (Departure date)

To _____ (Month) _____ (Day) (Arrival date)

Destination (Please specify countries and cities) : _____

Part B – Whether your child has confirmed infection of COVID-19

My child has not confirmed infection for COVID-19.

My child has confirmed of COVID-19 infection and has already recovered. Hospitalization

Period : From _____ (Month) _____ (Day)

To _____ (Month) _____ (Day)

Part C – Health status of those taking care of your child, or those living with your child

Person taking care of or living together with my child has not confirmed infection for COVID-19

Person taking care of or living together with my child has confirmed infection for COVID-19, the person has recovered / is still receiving treatment in hospital / has been discharged from hospitals and taking medicine. (please delete as appropriate)

Relation with my child (please specify): _____

Person taking care of or living together with my child, has not been classified as “close contact of an infected person”* of COVID-19.

Part D – Current health status of your child

My child has no symptoms of cough, shortness of breath, breathing difficulty and sore throat.

Student's Name: _____ Class: _____ Class no.: _____

Parent's Name: _____ Parent's Signature: _____

Parent's Contact no.: _____ Date: _____

* In general, close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a confirmed patient.

