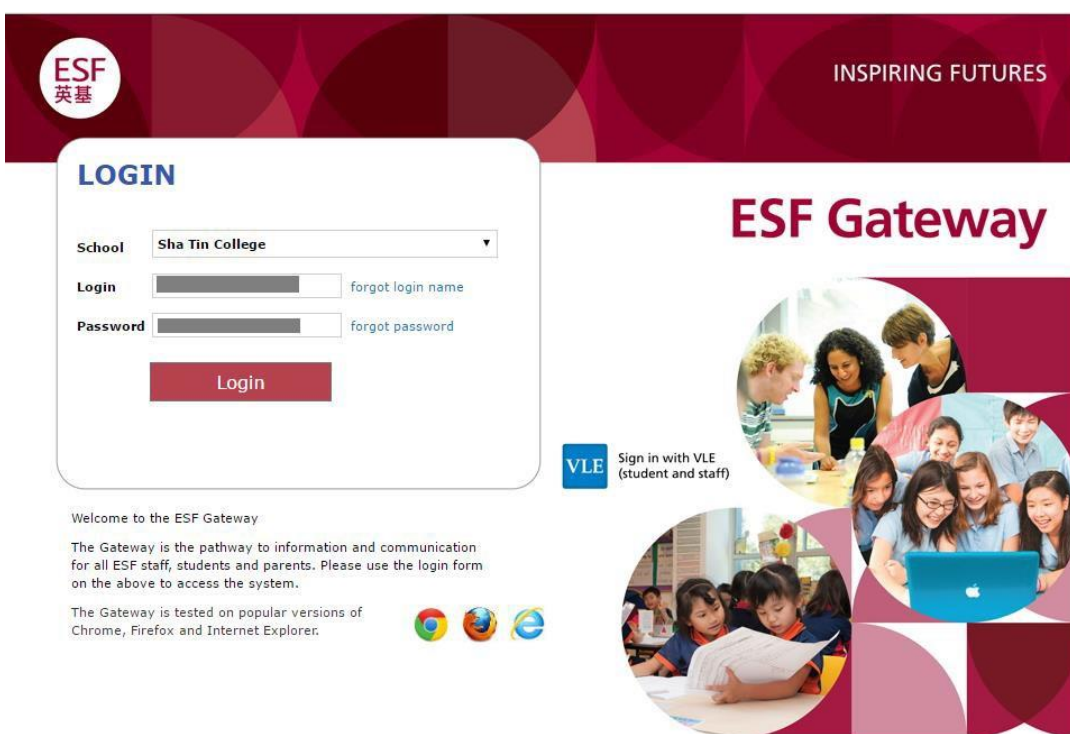


Updating your child’s medical information

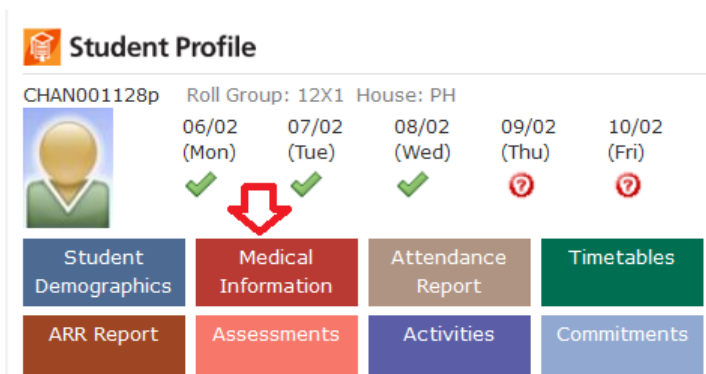
1. Launch your web browser. Access the Gateway by typing the following link in the address bar: <https://jcsrs.tg.esf.edu.hk>



2. Enter your **family username and password** (i.e. parent-login-ID) on the login page. If you have forgotten your family login details, please click on the **forgot username or password**



3. Click on the **“Medical Information”** button.



If you have more than one child in school, click the particular child’s picture. The drop-down menu just underneath the picture which means you are going to update that child.

Student Profile

CHAN002677p Roll Group: 10D1 House: DR

	06/02 (Mon)	07/02 (Tue)	08/02 (Wed)	09/02 (Thu)	10/02 (Fri)
	✓	✓	✓	?	?

[Student Demographics](#)
[Medical Information](#)
[Attendance Report](#)
[Timetables](#)

[ARR Report](#)
[Assessments](#)
[Activities](#)
[Commitments](#)

CHAN003312p Roll Group: 07D1 House: D1

	06/02 (Mon)	07/02 (Tue)	08/02 (Wed)	09/02 (Thu)	10/02 (Fri)
	✓	✗	✓	?	?

[← click picture to view more details](#)

OR

Student Profile

CHAN002677p Roll Group: 10D1 House: DR

	06/02 (Mon)	07/02 (Tue)	08/02 (Wed)	09/02 (Thu)	10/02 (Fri)
	✓	✓	✓	?	?

[← click picture to view more details](#)

CHAN003312p Roll Group: 07D1 House: D1

	06/02 (Mon)	07/02 (Tue)	08/02 (Wed)	09/02 (Thu)	10/02 (Fri)
	✓	✗	✓	?	?

[Student Demographics](#)
[Medical Information](#)
[Attendance Report](#)
[Timetables](#)

[ARR Report](#)
[Assessments](#)
[Activities](#)
[Commitments](#)

Edit Medical Information

1. Select the “**Student Information**” tab, and click on “**submit change**”.

Medical Information

[Print Page](#) | [Report](#)
CHAN001128s, CHAN001128p

CHAN001128s, CHAN001128 (12X1)

Medical Information

Last Updated: By: CHAN, Family Ref no.: SC2016132323 [submit change](#)

Current medical conditions

Condition

Set medical alert


Previous medical history No

- Please verify the student information of your child and make any changes if necessary. Click on the “Next” button when all details have been verified. **You must complete this step even no changes have been made.**

Please carefully check the following medical information is correct and that it is kept up to date of any changes.

CHAN001128 CHAN001128s (12X1)

[+ Edit Medical Information](#)



(Please check carefully that the following medical information is up to date and inform of any changes.)

If your child has any medical condition(s) or past medical history, please select the medical condition and input the details, including dates. For another condition press Add button.

Current medical conditions

Condition x

*

[+ add more](#)

Previous medical history (Please describe your child’s past medical history including dates.)

Condition x

[+ add more](#)

Allergies

Does your child suffer from any allergies? * Yes No

Daily Medication

Does your child take any daily medications? * Yes No

Safe in and around water

Is your child a confident swimmer? * Yes No

Can your child keep afloat in water? * Yes No

Can your child swim at least 50 metres fully clothed? * Yes No

Special Dietary Requirements


Does your child have any special dietary requirements? Yes No

Other Information

Does your child have any other non-medical condition that may affect them in school or on a trip? * Yes No


Remark: Fields with asterisk * are required. [▲ Back to Top](#)

Remark: Fields with asterisk * are required for either one.


Next Cancel

- Verify the information once again that have been made are shown in red. Turn on the tick check box beside “**Confirm**” and select the “parent/guardian”. Press “**Go Back and Edit**” if you want to change, otherwise, press “**Confirm**”.

Change Request - Medical Information



Please carefully check the following medical information is correct and that it is kept up to date of any changes.

CHAN001128 CHAN001128s (12X1)

Medical Information

There is no change has been input.

Current Information

Update Information

Current medical conditions

Condition

Previous medical history

Allergies

Does your child suffer from any allergies? No No

Asthma

Does your child suffer from asthma? Yes Yes

How severe is the reaction?

What medication is used to treat your child’s asthma? How is it administered e.g. dosage, frequency, route of administration?

Does your child carry their emergency medication in school with them? No No
(secondary school only)

Is medication kept with the school nurse or teacher? (ESF recommends keeping emergency No No

Declaration

I have completed this medical form accurately, truthfully, and to the best of my knowledge as of today’s date. I understand that it is my responsibility as a parent to inform the school of any previous or new health problems or injuries and I am aware that if I have not, the school cannot be held responsible for the consequences.

The school will endeavor to contact the parent or emergency contacts should your child be ill or injured. However, if for any reason there is an emergency, I hereby give consent and full authority for the staff or agents of the school to arrange for and consent to any medical treatment or hospitalisation for my child/guardian while s/he is in the care of the school. I further authorise these staff members to enter into and execute, on my behalf, such documents or consents as may be required by Medical Practitioners, Health Care Professionals or Hospitals for such purposes.

Confirm

Select Parent/ Guardian --
--
CHAN000378M, CHAN000378M
CHAN000378F, CHAN000378F

The information submitted on this form is subject to the school’s Privacy Policy and its related [Personal Information Collection Notice](#). Please read the policy with the ESF Personal Data Handling Policy and [Notice](#).

Note: Red text/field indicates new changes.

[Back to Top](#)

↓

Confirm

↓

Go Back And Edit

↓

Cancel

4. You will receive a confirmation message upon submission. Do take note of the reference number in the case that you wish to contact the school administrator regarding the status of your request.

Medical Information

Last Updated: [redacted] By: [redacted] Ref no.: SC2016132323

You have submitted a change request at at 04:02pm 10/02/2017. We will process the update soon.

(Ref: SC2017138285) ← ref no.

Current medical conditions

Condition [redacted]

Set medical alert [redacted]

Previous medical history No