

Parental Consent Form for Student under the Age of 18

家长同意书

(适用于未满 18 岁的学生)

This form should be completed by the student's parent or guardian.

本表格须由学生家长或监护人填写。

1. I understand and accept that City University of Hong Kong (Dongguan) (the "University") does not accept parental responsibility for the student named below ("Student").

本人明白并同意香港城市大学（东莞）（以下简称“大学”）无须为下述学生（以下简称“学生”）承担任何家长责任。

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.

本人明白并同意大学是一个为成年人提供学习的地方，总体而言会以成年人的方式对待学生。身为学生，他/她将参与大学活动，并成为其学习经历的一部分。

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.

若因故未能联系到家长或监护人，本人同意并授权大学可遵照医嘱对学生施行紧急医疗措施，以保证学生的最大利益。本人愿意承担大学为学生提供的医疗服务费用。

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，学生在融入新的学习环境对其身心都会是一种挑战，若他/她正接受过敏或疾病治疗，本人会与他/她及医生讨论并共同制定计划，来处理他/她于大学就读期间的健康状况，并全然通知大学。

5. In view of the 'Special Action Plan for Comprehensively Strengthening and Improving the Mental Health Work of Students in the New Era (2023-2025)' jointly issued by 17 departments, including the Ministry of Education of the People's Republic of China, I understand and accept that the Student should participate in the Mental Health Census conducted by the University. Additionally, the Student should receive various services and support provided by the University, including mental health hotlines, individual counseling, group counseling, mental health surveys, and mental health care.

本人明白并同意，按照教育部等十七部门印发的《全面加强和改进新时代学生心理健康工作专项行动计划（2023-2025 年）》，学生应参加大学开展的心理健康普查，学生参与大学所提供的各项服务和支持，包括心理热线、个体咨询、团体辅导、心理测验，卫生保健等。

6. I would remind the Student:

本人会提醒该学生：

(a) the Student should refrain from consuming alcohol within the University campus or during University activities outside the campus; and

学生不应在进行大学活动期间（包括校内及校外）饮酒；同时

(b) the Student should not hold office in student bodies if that office requires a person of age 18 or above.

若某学生组织的职位要求任职者须年满十八岁或以上，该学生不可出任该组织的相关职位。

Name of Student 学生姓名	
PRC Resident ID Card Number of Student 学生中华人民共和国居民身份证号码	
Name of Parent/Guardian 家长/监护人姓名	
PRC Resident ID Card Number of Parent/Guardian 家长/监护人中华人民共和国居民身份证号码	
DECLARATION: I declare that I have read and ACCEPT the above conditions. 声明：本人声明已阅读并接受上述条文。	
Signature of Parent/Guardian 家长/监护人签名	
Date 日期	
Note: Please print this document on both sides. 备注：请双面打印本文件。	