

**CHI YUN SCHOOL**  
**2023-2024**  
**School Dental Care Service**

3<sup>rd</sup> May 2024

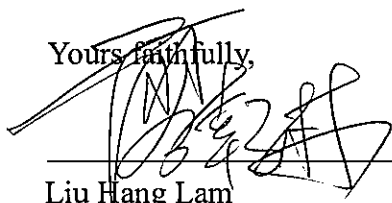
Dear Parents,

For the **primary students who have enrolled** in the School Dental Care Service (SDCS) at September of year 23-24 will be arranged to attend the service on **4<sup>th</sup> June 2024 (Tuesday)**. Parents or helpers are required to accompany their children during treatment, otherwise they will be arranged to stay at school having activities. Our school will arrange the transportation for students and parents. Details are shown below:

Date	:	4 <sup>th</sup> June 2024 (Tuesday) (JP.1, JP.2, SP.1 and SP.2)	
Place	:	1/F, J.C School Dental Clinic, 147J Argyle Street, Kowloon	
Assembly Time	:	<b><u>Before 9:15a.m</u></b>	
Assembly Location	:	<b><u>Library (G/F)</u></b>	
Transportation Fee	:	Free shuttle bus (provided by Dental Care Service Centre), \$35 for school bus (included one student and one adult)	
Document required	:	Identity Document(s), School Dental Care Service Handbook	
Schedule	:	9:30a.m.	Aboard Time
		10:00a.m.	Arrive at the Clinic
		10:15a.m.-11:45a.m.	Treatment
		11:45a.m..	Returning Time
		12:15p.m.	Back to School
		12:15p.m.-13:00pm.	Lunch

About the consent of student applying physical restraint during oral treatment, please carefully read the content in Attachment 1. Afterward, please indicate your intention regarding the use of restraints for your child during oral treatment on the reply slip. If you have any inquiries regarding the above information, please contact the class teacher or Ms Tsang at 2386 2010.

Yours faithfully,




Liu Hang Lam

Acting Principal, Chi Yun School

## Reply slip

I am the parent of \_\_\_\_\_(Class)\_\_\_\_\_ (Student Name). I understand that the arrangement of student dental care service.

\* I can  / cannot  accompany my child in this activity (No. of \_\_\_\_\_parent(s)). In case my child has any health problems, I agree with the immediate action taken by the school or the organizer.

I had read Attachment 1 already. I \* agree / disagree  my child to apply physical restraint during oral treatment in the dental clinic as needed.

I understand that if I disagree with it, my child might not be able to complete the oral treatment. I also understand there are risks of student not applying physical restraint during treatment. I would take all the responsibilities.

\* I do need  / do not need  to apply School-based After School Learning and Support Programmes to waive transportation fee for my child.

(\* Please put a "✓" in the appropriate box.)

Parent's Name : \_\_\_\_\_

Parent's Signature : \_\_\_\_\_

Date: \_\_\_\_\_

## **Attachment 1**

### **About student applying physical restraint during oral treatment**

According to the special needs of our students, protective stabilization might be required to ensure their safety during oral checking and therapy. Considering students may display uncooperative or defiant behavior during treatment, counseling strategies will come first to help them calm down, such as providing different kinds of toys, playing music or cartoons etc. The physical restraint would only be applied on students when counseling strategies are inefficient. The purpose of applying physical restraint is to avoid any injuries and/or accidents when students display uncooperative behavior and/or prevent them slipping down from the medical bed. If students are cooperative and do not display any resistant behavior during treatment, the use of physical restraint is absolutely prohibited.

After the student applied physical restraint, our staff and nurse in the dental clinic will keep observing their behavior and emotion during oral check. At the same time, we will keep communicating with parents or guardians. For everyone's safety, when the student displays any violent behavior or even worse, the dental check-up might be stopped immediately and properly by the dental clinic staff.

Student's dental health is our main concern. Thus, we are seeking your consent to apply the physical restraint on students when needed as protective stabilization during oral treatment. We kindly request that parents indicate their intention regarding the use of restraints for their child during dental examinations on the reply slip. If you have any enquiry, please contact class teacher or Ms. Tsang at 2386 2010.