



可立中學(嗇色園主辦) Ho Lap College (Sponsored by the Sik Sik Yuen)

九龍新蒲崗爵祿街 15 號 15 Tseuk Luk Street, San Po Kong, Kowloon

電話/Tel : (852) 2322 2229 傳真/Fax : (852) 2320 2414

網址/Website : <http://www.holap.edu.hk>



二零二一至二零二二年度 特別通告第二十八號

敬啟者：

香港紅十字會校園捐血日

為培養青少年樂於行善助人的精神，本校將於二零二一年十二月八日，安排香港紅十字會人員到學校為本校學生進行捐血活動。

日期：	2021 年 12 月 8 日 (星期三)
時間：	09:30 – 14:30
地點：	學校禮堂
<ol style="list-style-type: none">1. 捐血前，要有充足的睡眠；2. 捐血當日，學生必須攜帶身份證正本以及進食早餐；3. 捐血過程皆由香港紅十字會輸血服務中心專業護理人員執行，所有程序均為保障捐血者及受血者的安全而設；4. 年滿 16 歲人士方可捐血；5. 16 及 17 歲之首次捐血者，必須先取得家長/ 監護人同意；6. 每年最多捐血 3 次，每次相隔不少於 150 天；7. 體重 41 公斤或以上至不足 50 公斤可捐血 350 毫升；體重 50 公斤或以上可以捐 450 毫升；8. 學生如接種以下任何一款 2019 冠狀病毒病疫苗，須在接種當日起暫緩捐血 7 天：採用滅活病毒為技術平台的疫苗，例如科興控股（香港）有限公司的「克爾來福」（CoronaVac）/ 採用信使核糖核酸為技術平台的疫苗，例如復星醫藥與德國藥廠 BioNTech 的「復必泰」（Comirnaty）/ 採用病毒載體為技術平台的疫苗，例如阿斯利康（AstraZeneca）與牛津大學合作的 2019 冠狀病毒病疫苗9. 與 2019 冠狀病毒病疫苗接種計劃相關的捐血指引， 請瀏覽以下網址：https://www5.ha.org.hk/rcbts/news/covid19vaccination10. 其他查詢，請電 2710 1298/ 2710 1243/ 2710 1201 (辦公時間) 或瀏覽中心網頁：www.ha.org.hk/rcbts	



煩請閣下填妥所附回條，並著貴子弟於十一月三十日或之前交回班主任。如16及17歲之首次捐血者，請連同十六及十七歲之捐血人士家長/監護人同意捐血書交予班主任。

此致
家長/監護人

嗇色園主辦可立中學校長

二零二一年十一月二十四日



二零二一至二零二二年度
特別通告 第二十八號

敬覆者：

本人為()班()學號：()的家長，對於貴校於2021年12月8日舉行的香港紅十字會校園捐血日，業已知悉。小兒/小女：

擬參加是項活動，並且屬：

16及17歲之首次捐血者，須連同十六及十七歲之捐血人士家長/監護人同意捐血書交予班主任。

16及17歲並曾參與捐血活動之學生。

已年滿18歲的捐血者。

不擬參加是項活動。

* 請在適當方格內加 ✓

此覆
嗇色園主辦可立中學校長

家長(簽署)_____ 謹覆

二零二一年 月 日



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2021-2022 Special notice No.28

24th November 2021

Dear Parents/ Guardians,

Blood Donation Day

In order to cultivate the habit and willingness to help the others among students, Blood Donation Day will be held on 8th December 2021.

Date:	8 th December 2021 (Wednesday)
Time:	09:30 – 14:30
Venue:	School Hall
<ol style="list-style-type: none"> 1. Have sufficient sleep the night before. 2. Bring along your Hong Kong Identity Card (if available) or valid travel document and consume food within 4 hours before donation. 3. Blood donations are performed by trained professional staff of the Hong Kong Red Cross Blood Transfusion Service. All procedures taken are safety measures to protect the donors and recipients. 4. Persons below 16 will not be accepted. 5. For first-time blood donors aged 16 & 17, the consent of the parents/guardians must be obtained first. 6. Persons aged 16 & 17 can only donate three times a year with an interval not less than 150 days. 7. Donor weighing 41kg to less than 50kg can donate 350ml whereas weighing 50kg or above can donate 450ml. 8. Prospective donor who has received one of the following COVID-19 vaccines should be deferred from blood donation for 7 days: Inactivated virus technology platform, e.g. CoronaVac by Sinovac Biotech (Hong Kong) Limited/ mRNA technology platform, e.g. Comirnaty by Fosun Pharma in collaboration with the German drug manufacturer BioNTech (BNT162b2 mRNA vaccine)/ Non-replicating viral vector technology platform, e.g. COVID-19 vaccine by AstraZeneca, in collaboration with the University of Oxford 9. Blood donor screening policy regarding to the COVID-19 Vaccination, please visit our website: https://www5.ha.org.hk/rcbts/news/covid19vaccination?lang=en 10. For enquiry, please call 2710 1298/ 2710 1243/ 2710 1201 (office hour) or visit our website: www.ha.org.hk/rcbts 	



Please return the reply slip to the class teachers by 30th November 2021. For first-time blood donors aged 16 & 17, please also submit the **'Parent/Guardian Consent To Blood Donation By Minors Aged 16 & 17'** to your class teachers.

Yours faithfully,


Ms. PANG Wai-lan
Principal



Special notice No. 28 (Reply Slip)

Date: _____

Dear Principal,

I fully understand the notice and the contents of which is noted.

- I am pleased that my son/ daughter will donate blood on Blood Donation Day. My son / daughter
- is a first-time blood donor aged 16 / 17, and needs to submit the **'Parent/Guardian Consent To Blood Donation By Minors Aged 16 & 17'** to the class teachers.
 - is 16 / 17 years old and has participated in blood donation activities before.
 - has reached the age of 18

I regret that my son/ daughter will not donate blood on Blood Donation Day.

*Please tick the appropriate box.

Parent's signature: _____

Student's name: _____

Student's class & class no.: _____ ()