



Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

Tel : 2386 8049

Website : <http://www.lcu.edu.hk>

Fax : 2708 9950

Email : lcugps@edb.gov.hk

Parent-Teacher Association

Notice No: 3/2024-25

30.9.2024

Dear Parents/Guardians,

Health Talk and Health Workshops

Parents of children at primary level play a significant role in providing guidance for children's social and emotional development. Their well-being is vital to healthy parent-child and marital relationships, as well as a harmonious and balanced family. In order to promote and develop parents' physical well-being and prevent chronic diseases, our PTA will co-organise 1 health talk and 3 health workshops with United Christian Nethersole Community Health Service. Details are as follows:

Session	Date	Time & Venue	Content
1 st	15/10/2024 (Tue)	2:00 p.m. – 3:30 p.m. School Hall	i. Health talk on hypertension & diabetes ii. Mini check-up including blood pressure, blood glucose, cholesterol, body fat & body weight, etc.
2 nd	29/10/2024 (Tue)		i. Workshop on diabetes complications ii. Doing simple stretching exercise
3 rd	5/11/2024 (Tue)		i. Workshop on healthy diet ii. Doing simple stretching exercise
4 th	12/11/2024 (Tue)		i. Workshop on how to check blood glucose and measure blood pressure ii. Doing simple stretching exercise

Remarks: Souvenirs will be given to participants who attend 3 sessions or more.

Please return the reply slip to the class teacher of your child / eldest child (if you have more than 1 child studying in the school) on or before **4.10.2024 (Friday)**. Should you have any enquiries, please feel free to contact Ms LEE Kwong-yung (Deputy Headmistress) at 2386 8049.

Thank you for your attention.

(Ms CHUI Sau-man)

Headmistress

Reply Slip

Health Talk & Health Workshops

PTA Notice: 3/2024-25

Date: _____

To: PTA Chairperson and Headmistress,

I have read the PTA Notice No. 3/2024-25 dated 30.9.2024 and fully understand its content.

I **will** attend the Health Talk & Health Workshops.

I **will not** attend the Health Talk & Health Workshops.

Student's name: _____ () Class: P. _____

Parent's/Guardian's Signature: _____ Contact telephone number: _____

* Please put a '✓' in the appropriate box.