Dear Parents,

Circular on Student Chiropractic Care Programme

During 2017-2019 school year, the Children Chiropractic Foundation provided spinal checks for 9,211 children. We found that around 70% of children suffered from different postural or spinal problems. We also noticed that they started to have these problems at a younger age compared to previous years. Therefore, this situation shall not be ignored.

The spine plays an important role in the well-being of children. We suggest you have your children checked by Chiropractors regularly.

Our school has participated in the Community Chest Straighten Up School Scheme organized by the Children Chiropractic Foundation. We highly recommend your children to get their spine checked through participating in the Student Chiropractic Care Programme. If your children have symptoms such as neck fatigue, headache, foot ache, neck pain, insomnia, or have ever been diagnosed as having scoliosis, please do not hesitate to participate in the programme. The details are as follows:

Content	 Postural check-up (Check items include: Round Back, High / Low Shoulder, Forward Head Posture and Forward Pelvic Tilt.) Learning spinal health exercise Seminar on spinal health and protection
Duration	Around 1 hour
Venue	Kids First Chiropractic Centre (24-26 Kai Tak Rd, Kowloon City, Hong Kong)
Participants	Students aged 16 or below
Fee	Free
How to participate	Please refer to the below online appointment schedule: www.ccf.hk/sscp
Remarks	 Seats are limited and are available for booking on a first-come-first-served basis. Confirmed appointments cannot be changed or canceled No reminder will provide to participants. Participants must be accompanied by their parents or guardians, and show their handbooks to confirm their identities. It is recommended that parents download the mobile app (APP: Children Chiropractic Foundation)

For enquiries, please contact Ms. Kwok Yik.

Yours faithfully,

~	Chow Kim Ho Chow Kim Ho Principal		
Tsuen Wan Trade Association Primary School Reply Slip of Circular 20-049/G04 < Please return it to the class teacher > <u>Circular on Student Chiropractic Care Programme</u>			
Dear Principal, I acknowledge the receipt of the implementation of the 'Student Chiropractic Care Programme'.			
Parent's Opinion (if any):			
Student's Name: ()	Parent's Signature:		
Class:	Date:		