16 September 2026

HAZE ADVISORY AND SCHOOL MANAGEMENT MEASURES

Dear Parents/Guardians,

In view of the haze situation in Singapore, the school has a **Haze Management and School Continuity Plan** to safeguard the well-being of our students and staff.

School Measures

The school will monitor haze conditions using the **myENV app**, particularly the **24-hour PSI forecast and 1-hour PM2.5 readings**, and adjust school activities according to the prevailing air quality and health advisories issued by the relevant authorities.

Students who become unwell will be cared for in an **air-conditioned room with an air purifier** while arrangements are made for them to seek medical attention. Parents/guardians will be notified.

What Parents/Guardians Should Do

Please:

- **Inform the school of your child/ward's health condition(s)**, especially asthma, respiratory/lung or heart conditions.
- Ensure that your child/ward brings any necessary **prescribed medication**, such as an asthma inhaler, to school.
- Keep your child/ward at home and seek medical attention if he/she is unwell.
- Monitor school communications for any changes to school arrangements.
- Make alternative care arrangements in advance should school closure become necessary.

As haze conditions may change quickly, school arrangements may need to be adjusted at short notice. Parents/guardians will be informed promptly of any significant changes.

All parents/guardians are required to complete and return the attached Acknowledgement and Health Condition Declaration Slip, even if your child/ward has no known health condition. Please also inform the school promptly of any subsequent changes to your child/ward's health condition or medication.

Thank you for your understanding and cooperation as we work together to safeguard the well-being of our students.

Yours faithfully,

Esther Ng
Vice Principal (Primary School)

三育中小学
SAN YU ADVENTIST SCHOOL

ACKNOWLEDGEMENT OF HAZE ADVISORY AND SCHOOL MANAGEMENT MEASURES AND HEALTH CONDITION DECLARATION SLIP
(Compulsory for All Students)

Student's Name: _____

Class: _____

I acknowledge that I have read and understood the school's Advisory on Haze Situation and School Haze Management Measures.

Health Condition Declaration
Please tick (✓) ONE of the following:
☐ My child/ward has NO known health condition that requires special attention or precaution during a haze situation.
☐ My child/ward HAS a health condition that may require special attention or precaution during a haze situation.

If you have selected the second option, please tick (✓) ALL that apply:
☐ Asthma
☐ Other respiratory/lung condition
☐ Heart condition
☐ Allergies that may be aggravated by haze or poor air quality
☐ Other relevant health condition(s): _____

Medication required in school (if applicable):
☐ No ☐ Yes. Please specify: _____
Special precautions/instructions for the school (if any):

_____

_____

I undertake to ensure that my child/ward brings any necessary prescribed medication, such as an inhaler, to school where applicable. I will also inform the school promptly of any change in my child/ward's health condition or medication that may require the school's attention.

I understand that if my child/ward is unwell, I should keep him/her at home and seek medical attention where necessary.

Name of Parent/Guardian: _____

Contact Number: _____

Signature of Parent/Guardian: _____

Date: _____

Please return this completed slip to the Form Teacher by: 18 September 2026