

Tainan University of Technology

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

I. MEDICAL INFORMATION (please type or print legibly)

a. Name _____
(last, first, middle)

Address _____
(street, city, state, zip code)

Telephone Number: Day () _____ Night () _____

b. Name of Nearest Relative _____
(last, first, middle)

Address _____
(street or P.O. box, city, state, zip code)

Telephone Number: Day () _____ Night () _____

c. Allergies _____

d. Current Medications _____

e. Special Health Needs _____

II. EMERGENCY MEDICAL AUTHORIZATION

I do hereby state that I have legal custody of my child. I grant my authorization and consent for, _____ (hereafter "Designated Adult") to administer general first aid treatment for any injuries or illnesses, etc. If the injury or illness is life threatening or in need of emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in Taiwan (or outside student's home country) in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

The effective dates of this authorization are _____
to _____ 20____.

Parent/Legal Guardian Signature: _____ Printed Name

Witness Signature: _____ Printed Name _____