

國立彰化師範大學

境外學生緊急醫療授權書

National Changhua University of Education

Authorization for Emergency Medical Treatment for International Students

學系：_____

Department:

學生姓名：_____

Name of Student:

本人(學生之父母、監護人或法定代理人) _____，已瞭解如本人之子女(被監護人或被代理人，以下簡稱子女)_____遭遇緊急危險時，國立彰化師範大學將會試圖緊急通知本人或本人於本授權書中所指定下列緊急聯絡人。

I, the undersigned (student's parent, guardian or legal representative) _____, understand that in the case of emergency regarding my child (person under guardianship or principal, hereinafter referred to as child) _____, the National Changhua University of Education will attempt to notify me or the persons I appointed below as emergency contacts.

本人子女如需接受緊急醫療，基於任何原因致使本人或本人所指定之緊急聯絡人無法接獲通知時，本人謹在此全權授予彰化師範大學及其受雇人，代表本人及本人子女為下列行為：

In the event that my child needs to obtain emergency medical treatment, at a time when I, or the emergency contacts I have appointed, cannot be reached for any reason, I hereby authorize the National Changhua University of Education and its personnel with full power to act on my or my child's behalf to adopt the following measures:

1. 提供第一時間之救助。
2. 授權醫生對本人子女進行檢查及醫療行為。
3. 安排本人子女之運送(不論利用救護車或其他交通工具)前往適宜施行緊急醫療之場所，包括醫院之急診室、醫生之診療室或診所，但不以上述場所為限。
4. 於醫療機構中為獲得相關醫療或手術，得簽署任何經醫療機關判斷後，所要求出具之相關文件。
 1. Administer first aid.
 2. Authorize a medical doctor to examine or to treat my child.
 3. Arrange for the transportation of my child (whether by ambulance or by other means of transportation) to a proper medical facility to administer proper emergency treatment, including but not limited to an emergency room of a hospital, a medical office of a doctor, or a medical clinic.
 4. Sign relevant documents that may be required in order to obtain medical treatment or surgery deemed as necessary by the judgment of the medical authorities at the facility.

本人在此同意負擔所有因治療意外或傷病所生之相關費用。本人亦同意於尋求或提供上述醫療行為之過程中，不論國立彰化師範大學或其受雇人皆無須負擔任何不逆料之事故，所可能引起之事實或法律上之責任。

I hereby agree to accept the financial responsibilities for any cost incurred in the treatment of accident or illness. I further agree that during the process of seeking or providing the medical treatment specified above, the National Changhua University of Education and its personnel are not liable, *de facto* or *de jure*, for any unexpected complications that may arise thereof.

如無法連絡本人時，本人所指定本人子女之緊急連絡人如下：

The following persons are appointed as my child's emergency contacts in case that I cannot be reached:

1、姓名_____ 稱謂_____ 行動電話_____ 住所（辦公室）電話_____

2、姓名_____ 稱謂_____ 行動電話_____ 住所（辦公室）電話_____

3、姓名_____ 稱謂_____ 行動電話_____ 住所（辦公室）電話_____

1. Name _____ Title _____ Cell Phone Number _____ Home (Office) Phone Number _____

2. Name _____ Title _____ Cell Phone Number _____ Home (Office) Phone Number _____

3. Name _____ Title _____ Cell Phone Number _____ Home (Office) Phone Number _____

另為確保本人子女在外就學期間之任何醫療行為安全，提供以下資訊：

To further ensure safe medical treatment for my child during his/her study, I enclose the following information:

1. 本人子女有無長期疾病 有，為_____

無

2. 有無固定使用之藥物 有，為_____

無

3. 有無過敏之藥物 有，為_____

無

4. 自述：_____ (請翻頁續填寫)

1. My child suffers from long-term illness. Yes; name of illness _____

No

2. My child routinely uses medication. Yes; name of drug _____

No

3. My child has drug allergy. Yes; name of drug _____

No

4. Additional statements: _____

(please turn the page to continue writing)

立書人姓名 _____ (請以正楷簽名) 與學生之關係 (稱謂) _____

Signature _____ (Please write in print) Relationship with student (title) _____

國籍 _____ 居住國之國民 (居民) 身分證字號 _____

Nationality _____ ID Number in country of residence _____

聯絡資料：行動電話 _____ 住宅電話 _____

Contact Details: Cell Phone Number _____ Home Phone Number _____

辦公室電話 _____ 居住處地址 _____

Office Phone Number _____ Address of residence _____

電子郵件信箱 _____

Email Address _____

立書日：西元 _____ 年 _____ 月 _____ 日

Date of Signature: Year / Month / Day

* 本資訊將由國立彰化師範大學持有並加以保密，然必要時得提供於相關醫療機構使用。

* 本表尊重個人自由意志填寫，並屬實填寫。

* 如同意，請於填妥後親簽，交由新生於來台就學時送交國際處境外學位生業務承辦人收存。

* This information will be kept confidential in the possession of the National Changhua University of Education. However, when needed, this information may be provided to the proper medical authorities.

* **This form shall be filled in based on free-will, and honest disclosure is required.**

* If you grant approval, please complete and sign this form, and let the student hand this form to the officer responsible for international students at the Office of International and Cross-strait Affairs after the student has arrived in Taiwan for enrollment.