

醫療緊急事件授權同意書  
EMERGENCY MEDICAL AUTHORIZATION FORM

由於貴子弟來臺就讀，路程遙遠，為全面照顧保護貴子弟之生活學習及身心健康，在校期間，若貴子弟發生醫療緊急事故，必須家長填具醫療緊急事件同意書，始能接受代為妥善處理(例：住院、手術等)或其他必要之手續，如貴家長不克適時前來簽署，可授權本校或同意本校再次授權予相關人員代為簽具相關同意書。此事攸關貴子弟健康安全及在臺權益，本校尊重貴家長意見，隨函附上醫療緊急事件授權同意書一份，俾憑因應醫療緊急事件之需要。請於本同意書上簽名表示同意或不同意，並由貴子弟於註冊時繳回，以釐清責任歸屬。此，順請 台安

The purpose of this form is to enable parents or legal guardians to grant your authorization and consent for National Chiayi University or its employees to administer any emergency medical treatment for injuries or illnesses. If the injury or illness is life threatening or in need of emergency treatment, you authorize NCYU and its employees to summon any and all professional 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 the state in which such treatment is to occur. You 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.

本人於\_\_\_\_學年第\_\_\_\_學期入學，就讀於國立嘉義大學\_\_\_\_\_(系所名稱)，因緊急事件需要

- 同意授權貴校或貴校再次授權予相關人員代為簽具醫療緊急事件同意書，本人願承擔一切責任及費用。
- 不同意授權貴校代為簽具醫療緊急事件同意書，本人願承擔一切責任及費用。

I am enrolled in department/Institute of \_\_\_\_\_ at NCYU for the \_\_\_\_\_ (year) Fall Semester. In case of emergency, I hereby

- I grant my authorization and consent for National Chiayi University or its employees to administer any emergency medical treatment for injuries or illnesses and assume financial responsibility for all expenses of such care.
- I do not agree to authorize National Chiayi University or its employees to administer any emergency medical treatment for injuries or illnesses but assume financial responsibility for all expenses of such care.

立書人/ Applicant Signature: \_\_\_\_\_

(未滿 20 歲者由法定代理人簽署/For minors under the age of 20, the applicant is the legal representative)

電話號碼/ Cellphone Number: \_\_\_\_\_

在臺緊急聯絡人/ Emergency Contact Person(Taiwan): \_\_\_\_\_

緊急聯絡電話/ Emergency Telephone Number(Taiwan): \_\_\_\_\_

立書日期/ Date of authority (yyyy/mm/dd) : \_\_\_\_\_

此致 To

國立嘉義大學 National Chiayi University

Note: The contents of this agreement were translated from the original Chinese. In the event of any discrepancies between the two versions, the Chinese always takes precedence.