

Authorization for Emergency Medical Treatment

I , _____(name of parent/guardian) understand that in the case of emergency of my child, _____(name), the University of Taipei in Taiwan will try to notify me or the person I have listed below as an emergency contact.

In case of a medical emergency concerning my child, at a time when I or my listed emergency contact, **for any reason, cannot be reached, I hereby grant with full power to the UT and its employees to act on my or my child's behalf for the following treatments:**

1. Administer first aid.
2. Authorize a medical doctor to examine or treat my child.
3. Arrange for the transportation for my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment is normally administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic.
4. Signed releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

I hereby agree to accept the financial responsibilities for any cost thus incurred in the treatment of any illness or accident. I further agree that in the process of seeking or providing such treatment, neither the UT nor its employees shall be liable, de facto or de jure, for any complications that may arise thereof.

The following persons are appointed as my/our child's Emergency Contact (if I/we cannot be reached):

Name: _____ Email: _____

Cell: _____

Phone Number (H): _____ Phone Number (O): _____

Name: _____

Email: _____

Cell: _____

Phone Number (H): _____ Phone Number (O): _____

Date: _____

Signature of Parent/Guardian: _____

Email : _____

Cell : _____

Phone Number (H): _____ Phone Number (O): _____

The authorization comes into force upon legally-binding signature.

This information will be kept confidential in the possession of the university.

Should the need arise, this information may be given to the proper medical authorities