

Authorization for Emergency Medical Treatment 緊急醫療授權書

註：本書可寫中文

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

本人_____(父母或監護人的姓名，可寫中文)，已瞭解如本人之子女(交換生的姓名，可寫中文)_____遭遇緊急危險時，臺北市立大學將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。

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 UT and its employees to act on my or my child's behalf the following treatments:**

本人子女如需接受緊急醫療通知，基於任何原因致本人或本人所指定之緊急聯絡人無法接獲通知時，本人在此謹全權授予臺北市立大學及其受雇人代表本人及本人子女為下列行為：

1. Administer first aid; 提供第一時間之救助。
2. Authorize a medical doctor to examine or treat my child; 授權醫生對本人子女為檢查及醫療行為。
3. Arrange for the transportation of 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; 安排本人子女之運送(利用救護車或其他交通工具)，以前往適宜施行緊急醫療之場所，包括急診室、診療室或診所，但不以上述場所為限。
4. Sign 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. 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。

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

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。本人亦同意尋求或提供上述醫療行為之過程中，不論臺北市立大學或其受雇人皆無須負擔任何因處理前開相關事務，所可能引起之事實上或法律上之責任。

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

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(以住在臺灣為佳，可寫1位)：

1. Name 姓名：_____、Email：_____、Cell 行動電話：_____
Phone Numbers(H)住所電話：_____、Phone Numbers(O)公司電話：_____
2. Name 姓名：_____、Email：_____、Cell 行動電話：_____
Phone Numbers(H)住所電話：_____、Phone Numbers(O)公司電話：_____

_____ Date 立書日期：_____

Signature of Parent/Guardian 立書人(父母或監護人簽名)

Email：_____、Cell 行動電話：_____

Phone Numbers(H)住所電話：_____、Phone Numbers(O)公司電話：_____

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.

本資訊將由臺北市立大學持有並加以保密，然必要時得提供予相關醫療機構使用。