緊急醫療授權書

Authorization for Emergency Medical Treatment

本人I , _____(父母或監護人的姓名 name of parent/guardian) 已了解如本人之子女 understand that in the case of emergency of my child, (_____), 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 the University of Taipei in Taiwan will try to notify me or the person I have listed below as an emergency contact.

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：

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. 第一時間之救助。Administer first aid.
2. 授權醫生對本人子女為檢查及醫療行為。
   Authorize a medical doctor to examine or treat my child.
3. 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。
   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. 於醫療機構中，為獲得相關醫療或手術，得簽署任何依醫療機構判斷所要求出具之相關文件。
   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.

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。

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.

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，可寫一位）：The following person is designated as my/our child's Emergency Contact (preferably residing in Taiwan; only one contact may be listed), if I/we cannot be reached:

緊急聯絡人

姓名 Name: _____ Email:_____.

行動電話 Cell: _____.

住家電話 Phone Number (H): _____.

公司電話 Phone Number (O): _____.

立書人

立書日期 Date: _____.

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

Email：_____.

行動電話 Cell： _____.

住家電話 Phone Number (H): _____.

公司電話 Phone Number (O): _____.

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。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.