

Authorization for Emergency Medical Treatment

I, _____ [name of parent/guardian], understand that in the case of emergency of my child, _____ [name], Ming Chuan University at 5 De-Ming
given name / family name given name / family name

Rd., GweiShan, Taoyuan, 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 MCU and its employees to act on my or my child's behalf the following treatments: 1. Administer first aid; 2. Authorize a medical doctor to examine or treat my child; 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; and 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. 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 Ming Chuan University 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):

1. Name _____ Phone Numbers: Home) _____ Office) _____ Cell) _____

2. Name _____ Phone Numbers: Home) _____ Office) _____ Cell) _____

3. Name _____ Phone Numbers: Home) _____ Office) _____ Cell) _____

Signature of Parent/Guardian

Printed name of Parent/Guardian

Phone Numbers: Home) _____ Office) _____ Cell) _____ Date: _____

[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.