

## 緊急醫療授權書

### Authorization for Emergency Medical Treatment

本人\_\_\_\_\_ (父母或監護人之姓名)，已瞭解如本人之子女 (姓名) \_\_\_\_\_ 遭遇緊急危險時，文藻外語大學將會試圖緊急通知本人或本人於本授權書中所指定之下列緊急聯絡人。

I, [name of parent/guardian]\_\_\_\_\_ (given name/family name), understand that in the case of emergency of my child, [name]\_\_\_\_\_ (given name/family name), *Wenzao Ursuline University of Languages* 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該通知時，本人在此謹全權授予文藻外語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 *Wenzao Ursuline University of Languages* and its employees to act on my or my child's behalf the following treatments:

1. 提供第一時間之救助
2. 授權醫生對本人子女為檢查及醫療行為
3. 安排本人子女之運送(不論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，包括醫院之急診室、醫生之診療室或診所，但不以上述場所為限。
- 4 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。

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.

本人在此並同意負擔所有因治療意外或傷病所生之相關費用。本人亦同意於尋求或提供上述醫療行為之過程中，不論文藻外語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, 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.

如無法聯絡本人時，本人所指定本人子女之緊急聯絡人如下：

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

1. 姓名 Name \_\_\_\_\_  
住所電話 Home Phone Numbers \_\_\_\_\_  
公司電話 Office Phone Numbers \_\_\_\_\_  
行動電話 Cell Phone Numbers \_\_\_\_\_
  
2. 姓名 Name \_\_\_\_\_  
住所電話 Home Phone Numbers \_\_\_\_\_  
公司電話 Office Phone Numbers \_\_\_\_\_  
行動電話 Cell Phone Numbers \_\_\_\_\_
  
3. 姓名 Name \_\_\_\_\_  
住所電話 Home Phone Numbers \_\_\_\_\_  
公司電話 Office Phone Numbers \_\_\_\_\_  
行動電話 Cell Phone Numbers \_\_\_\_\_

立書人(即父母或監護人簽名) \_\_\_\_\_ 立書日 年 月 日  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ MM/DD/YY

住所電話 Home Phone Numbers \_\_\_\_\_  
公司電話 Office Phone Numbers \_\_\_\_\_  
行動電話 Cell Phone Numbers \_\_\_\_\_

簽名後即具法律效力。

本資訊將由文藻外語大學所持有並加以保密，然必要時得提供予相關醫療機構使用。

This information will be kept confidential in the possession of *Wenzao Ursuline University of Languages*. Should the need arise, this information may be given to the proper medical authorities.