



銘傳大學 *Ming Chuan University*

亞洲第一所美國認證大學 The First American Accredited University in Asia

## 緊急醫療授權書

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，銘傳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。

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銘傳大學及其受雇人代表本人及本人子女為下列行為：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。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，不論銘傳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。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：

1.姓名\_\_\_\_\_ 住所電話\_\_\_\_\_ 公司電話\_\_\_\_\_ 行動電話\_\_\_\_\_

2.姓名\_\_\_\_\_ 住所電話\_\_\_\_\_ 公司電話\_\_\_\_\_ 行動電話\_\_\_\_\_

3.姓名\_\_\_\_\_ 住所電話\_\_\_\_\_ 公司電話\_\_\_\_\_ 行動電話\_\_\_\_\_

立書人(即父母或監護人簽名)\_\_\_\_\_ 立書日\_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日

住所電話\_\_\_\_\_ 公司電話\_\_\_\_\_ 行動電話\_\_\_\_\_

**簽名後即具法律效力。**

**本資訊將由銘傳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。**

111 台北市中山北路五段 250 號

333 桃園縣龜山鄉德明路五號

111 台北市基河路 130 號 3 樓

250 Zhong Shan N. Rd., Sec. 5, Shihlin District, Taipei 111, Taiwan ROC TEL: +886-2-2882-4564

5 De Ming Rd., Gui Shan District, Taoyuan County 333, Taiwan ROC TEL: +886-3-350-7001

3F, 130 Jihe Rd., Shihlin District, Taipei 111, Taiwan ROC TEL: +886-2-228-4564



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### Authorization for Emergency Medical Treatment

I, \_\_\_\_\_ [name of parent/guardian], understand that in the case of emergency of my child, \_\_\_\_\_ [name], Ming Chuan University, Taiwan will  
given name / family name given name / family name

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.

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