

National Changhua University of Education Emergency Medical Power of Attorney for Overseas Degree Students

Department:

Student's Name:

I (the student's parents, guardian, or statutory agent) _____, understand that if my child (person under guardianship or the principle, hereinafter referred to as the child) encounters an emergency risk, National Changhua University of Education will attempt to notify me or the following emergency contact persons that I have provided in this power of attorney of the emergency situation.

If my child requires emergency medical services, and if, for any reason, the emergency contact persons that I have provided or I cannot be reached to be notified, I hereby fully authorize National Changhua University of Education and its employees to represent me and my child in the following actions: 1. Provide first aid; 2. Authorize doctors to examine my child and provide medical treatment; 3. Arrange transportation (whether in an ambulance or another vehicle) for my child to the place where emergency medical services will be provided, including but not limited to the hospital's emergency room and a doctor's consulting room or clinic; 4. Sign any documents required by the medical institution regarding accepting relevant medical treatment or operation as determined by the medical institution. I hereby agree to bear all the related charges that are incurred due to emergency treatment or injury. I also agree that throughout the process of seeking or providing the above medical treatments, neither National Changhua University of Education nor its employees will assume any actual or legal responsibilities related to handling the aforementioned issues.

If I cannot be reached, I hereby designate the following people to be the emergency contacts of my child:

1. Name _____ Title _____ Mobile phone _____ Home (work) telephone _____

2. Name _____ Title _____ Mobile phone _____ Home (work) telephone _____

3. Name _____ Title _____ Mobile phone _____ Home (work) telephone _____

Name of signatory _____ (please sign in regular script)

Relationship with the student (title) _____

Nationality _____ Resident identification card number of the resident country _____

Contact details: mobile phone _____ Home telephone _____

Work telephone _____ Home address _____

E-mail address _____

Date signed: A.D. Year month day

* This information will be kept and secured by National Changhua University of Education and provided to relevant medical institutes when necessary.

* This **form has been voluntarily completed.**

* If you agree to the contents, please sign this form after completing it and give it to the new student coming to Taiwan to study, who shall then submit it to the responsible person of the Student Affairs Division Student Counseling Group for Overseas Degree Students for safe keeping.