新生註冊必繳 ※請於註冊時繳交

貴家長台鑒：

為全面照顧本校僑生/外籍生/陸生的生活與學習， 貴子弟在校期間，若發生緊急事故送醫治療時，院方須家長填具住院及手術同意書，始克接受醫療；如 貴家長不克適時前來處理，可授權本（組）處代為簽具。事關 貴子弟健康安全，本（組）處尊重 貴家長意見，隨函附上同意書一份，俾憑因應醫療需要。倘同意授權，即請在同意書簽章，並由 貴子弟於註冊時繳回；如不同意，亦請擲回本（組）處，以釐清責任歸屬。耑此，順請

台安

國立高雄大學國際處學生事務組

國立高雄大學僑生/外籍生/陸生緊急醫療家長授權同意書

本人係 貴校僑生/外籍生　　學系　　年級　　之家長，

因緊急醫療需要

□ 同意　　授權貴校代為簽具住院及手術同意書，並願承擔一切責任。

□ 不同意　　授權貴校代為簽具住院及手術同意書，並願承擔一切責任。

此致

國立高雄大學

學生姓名：

學生家長：　　(簽 章)

或在台監護人：　　(簽 章)

身份證字號：

緊急聯絡電話:

聯絡住址：

西元　　年　　月　　日

Required Documents (Freshman Registration)

※ Please submit upon registration

Respected Parent/Guardian：

To ensure the life and study of all Overseas/Foreign/Mainland Chinese students at our university, we have a protocol for managing medical emergencies. Parent consent is required to perform any admission and urgent surgery during the time in university. If you are unable to provide this consent, you may authorize the International Office to act on your behalf. If agree please sign the form(Authorization for Emergency Medical Care)and return it during registration. If you do not agree, please return the unsigned form to our office, allowing us to clarify responsibility.

Student Affairs Division,
Office of International Affairs

Authorization and Consent Form for Emergency Medical Care

Parent/Guardian of_____from _____Department，for urgent medical need

☐ Agree to Authorize the university to sign necessary hospital admission and surgical consent on my behalf, and accept all associated responsibilities。

☐ Disagree to Authorize the university to sign necessary hospital admission and surgical consent on my behalf, and accept all associated responsibilities。

Sincere,
National University of Kaohsiung

Student Name：
Parent/Guardian Name： (sign)
In-Taiwan Guardian： (sign)
ID Number：
Emergency Contact Phone No.：
Contact Address：

西元 年 月 日