

## Medical Treatment Authorization

### 意外紧急医学处理同意委托书

Here is to grant temporary authority to a designated adult to arrange/provide for medical care for a minor in an event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be given to the trip leader and then carried by the designated adult.

特此委托授权指定的成人：若未成年人在发生紧急事故或急症而其父母或法定监护人不在场，并与之有通讯联系的实际困难时，对该未成年人实施和安排亟需的医学处理。填写完毕的委托书应交付旅行带队人员并由该指定成人携带。

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, please leave a completed authorization and consent form with trip leaders, teachers or temporary guardian. In the event of a medical emergency, the form should accompany your child to the hospital.

若您的孩子在需要紧急医学治疗，而您未能及时提供此正式同意与委托，将导致对您的孩子处理的不必要的延误。因此，为了保护您孩子的健康安全，请认真完整地阅读并填写该表格，以授权旅行带队者、教师或者临时监护人对紧急医学处理的实施权，该表格将会需要被出示给相关医疗部门。

#### Minor 未成年人个人信息

Full Legal Name 姓名: \_\_\_\_\_ Home Address 家庭住址: \_\_\_\_\_

Date of Birth 出生日期: \_\_\_dd 日 \_\_\_mm 月 \_\_\_yyyy 年 Gender 性别: M(男) / F (女)

Parent/guardian Tel 家长 / 监护人电话: \_\_\_\_\_ Emergency contacts other than parent/guardian 家长或监护人之外的紧急联系方式: \_\_\_\_\_

#### Information for Medical Treatment 未成年人健康信息

Medical Insurer/Health Plan 医疗保险部门: \_\_\_\_\_ Policy Number 保险号: \_\_\_\_\_

Allergies to Medicines 药物过敏: \_\_\_\_\_ Other Allergies 其它过敏: \_\_\_\_\_

Important medical history (such as asthma, surgery, haemorrhage, diabetes, etc.) 重要的病史 (如哮喘、手术、出血或糖尿病等): \_\_\_\_\_

Please note ALL conditions for which the child is currently receiving treatment 请列出该未成年人目前正接受的所有医学治疗及药物使用项目:

## Authorization and Consent of Parent(s) or guardian(s)

### 家长 / 监护人同意与委托

I/we do hereby state that I/we have legal custody of the aforementioned Minor, I/We grant my/our authorization and consent for \_\_\_\_\_ (hereafter ‘Designated Adult’ ) to administrate general first aid treatment for any minor injuries or illness experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I/We authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the Minor and to issue consent for any X-ray, anaesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisably by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I/We agree to assume financial responsibility for all expensed of such care.

我 / 我们在此声明对上述未成年人具合法监护权。我 / 我们同意并授权\_\_\_\_\_ (以下称为“指定成人”) 对该未成年人在事故或急症情况下实施紧急医学处理。若伤害或急症危及生命, 我们授权“指定成人”采取任何及所有必须措施, 如医学专业人员的参与、交通工具、X-光照射、麻醉、输血、药物的使用及其它任何合法医疗机构和合法医护人员应当在此情况下采取的救护措施。我 / 我们同意承担此医学救护的引起的必需费用。

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his/her best judgement upon the advice of any such medical or emergency personnel.

此委托书旨在, 在未发生紧急事故或急症之前, 同意预先给予“指定成人”采取任何必要措施的权利, 该“指定成人”应依照相应医护专业人员的建议对此类情况的处理方式进行决策。

This authorization is effective 授权有效期限: From 从 \_\_\_dd 日 \_\_\_mm 月 \_\_\_yyyy 年 to 至 \_\_\_dd 日 \_\_\_mm 月 \_\_\_yyyy 年

Parent/guardian Signature 家长 / 监护人签名:

\_\_\_\_\_

Printed Name 家长 / 监护人姓名 (印刷体):

\_\_\_\_\_

Date 日期: \_\_\_dd 日 \_\_\_mm 月 \_\_\_yyyy 年