

緊急事件授權同意書

Emergency Authorization Form

因緊急事件需要，本人

In the event of an emergency, I

(擇一勾選 Tick ONE only)

- 同意授權貴校或貴校再授權予相關人員代為簽具醫療、意外、法律等一切緊急事件同意書，本人願承擔一切責任及所有衍生之相關費用。

Authorize Fu Jen Catholic University or its employees or professional emergency personnel to act on my behalf on matters related to medical treatment, emergencies, or legal matters. I hereby take full responsibility and will assume any expenses that may arise.

- 不同意授權貴校代為簽具醫療、意外、法律等一切緊急事件同意書，本人願承擔一切責任及所有衍生之相關費用。

Do not authorize Fu Jen Catholic University to act on my behalf on matters related to medical treatment, emergencies, or legal matters. I hereby take full responsibility and will assume any expenses that may arise.

此致

Addressed to

輔仁大學學校財團法人輔仁大學

Fu Jen Catholic University

立書人 Signature of Student		日期 Date	
家長/法定代理人簽名 Signature of Parent/Legal Guardian		日期 Date	