



NYU Shanghai

Authorization for Treatment of a Minor

上海纽约大学未成年人医疗服务授权书

Student Information/学生信息

Name / 姓名:

Date of Birth / 出生日期:

Student I.D. # / 学生证号:

Program Name / 项目名称:

Permanent Address / 永久地址:

Contact Number/ 联系电话: () -

Emergency Contacts/ 紧急联系人

Contact #1/联系人1:

Relation to Student / 与学生关系:

Contact Number / 联系电话: () -

Contact #2/联系人2:

Relation to Student / 与学生关系:

Contact Number / 联系电话: () -

Insurance Company (If Applicable)/ 保险公司 (如有)

Company Name/公司名称:

Policy Number / 保单号:

Insurance Co. Contact/保险公司联系方式:

Notice for Parents or Legal Guardian / 致家长或法定监护人

If your son, daughter, or ward will be under the age of 18 years while participating in the Program at NYU Shanghai, it is the policy of NYU Shanghai to secure your consent for medical treatment. By signing the form below, you will be giving your consent for any medical evaluation and treatment necessary to ensure the continued health of the student. In the event of a major health problem, whenever possible, specific permission will be obtained from you.

如果您的子女或被监护人在入学上海纽约大学期间未满18岁，根据上海纽约大学的规定，我们必须在征得您同意后才能向其提供医疗服务。通过签署本授权书，您同意您的子女或被监护人接受任何维护身体健康所需的诊疗服务。出现重大疾病时，我们会尽可能征得您的特殊许可。

The NYU Shanghai Student Health Center is available for urgent care to underage students participating the Program. Should medical staff deem a student's needs to require routine, emergency, or care other than that which can be provided at the Student Health Center, the student will be referred or transported to a local medical facility for treatment.

上海纽约大学学生健康中心将为参加本项目的未成年人学生提供紧急护理。如医护人员判断学生需要接受门诊、急救或其他健康中心无法提供的医疗服务，学生将被介绍或运送到当地医疗机构接受治疗。

Authorization for Treatment of a Minor/ 未成年人医疗服务授权声明

As parent or legal guardian of the above-named Student, I give my consent to NYU Shanghai, its Student Health Center, and the physicians and other personnel on its medical staff to administer such care, procedures and treatment that is deemed necessary and in the best interest of the Student. As long as the medical or surgical treatment considered necessary in the situation is in accordance with the generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow (if none, so state):

本人作为上述学生的家长或法定监护人，兹同意上海纽约大学学生健康中心、其医生及其他医护人员向我的孩子提供必要的、且符合其最大利益的诊疗服务。只要有相关药物或手术治疗方式在当时具有必要性、且是针对该等受伤或疾病普遍接受的标准治疗方式，则本人不会加以限制或阻止，但如下治疗方式除外（如没有例外情况，则填写“无”）：

Parent or Legal Guardian's Signature/家长或法定监护人签字

Date/日期