

AUTHORISATION FORM OF MEDICAL PROCEDURES

(For Singapore Permanent Residents and International Students)

To: Nanyang Technological University (NTU)

I, _____, the father/mother/legal guardian*
(name of parent / legal guardian)

of _____, Holder of Passport no. _____,
(name of student) (student's passport no.)

hereby authorise the Nanyang Technological University of Singapore, its officers, or the Dean, Vice-Deans or any of the Fellows of Hall, Managers or Administrative Officers of the Student Affairs Office to authorise or refuse consent for medical procedures and surgery on my daughter/son/ward*s behalf.

Further,

- (1) I will not hold the University, its officers, or any of its staff members responsible in any way, and that no right of action shall arise from any loss or damage (including, without limitation, personal injury or property damage) caused by or suffered as a result of the performance/non-performance of medical procedures or surgery on my child/ward.
- (2) I will indemnify the University and keep the University indemnified against all losses, claims, demands, actions, proceedings, damages, costs, expenses, and any other liability arising in any way from the performance/non-performance of medical procedures or surgery on my child/ward.

SECTION A: PARTICULARS OF PARENT/LEGAL GUARDIAN

Name			
Relationship to Student	Father / Mother / Legal Guardian*		
Passport No./Identity Card No.			
Email Address			
Postal Address			
Contact Numbers	<Country code>	<Area code>	<Home number>
	<Country code>	<Area code>	<Office number>
	<Country code>	<Area code>	<Mobile number>

Signature of
Father/Mother/Legal Guardian*: _____ Date: _____

* Please delete where applicable

Note: This form must be submitted during the Registration Exercise @ Global Lounge between 30th July and 13th August 2018 (10am to 2pm, closed on Saturday, Sunday and Public Holiday)