

AUTHORISATION OF MEDICAL PROCEDURES FOR INTERNATIONAL STUDENTS

In the course of their studies in the Nanyang Technological University (NTU), international students may need medical attention that requires surgery. For any surgery to be carried out on an international student below 21 years of age, surgeons or consultants in hospitals in Singapore require a local guardian to be present at the hospital to give consent for surgery. In certain cases, a student above 21 years of age may also be required to produce a local guardian to endorse the surgery.

In order to avoid possible delays to any medical procedure or surgery that an international student may need, the International Student Centre (ISC) requires a parent/guardian of each international student to provide the following:

- (i) To appoint a guardian in Singapore ("Local Guardian") who will have the authority to consent to the surgery, on behalf of the parent/guardian. This Local Guardian should be informed of his/her role by the parent/guardian(s) and should be contactable by the student and ISC at any time. Please complete the Appointment of Local Guardian Form (Annex N-2), if a local guardian is available.

AND

- (ii) To authorise an NTU staff member to authorise or refuse consent for the surgery, on behalf of the parent(s), if neither a parent/guardian or a Local Guardian (if any) is contactable at the time of need. Please complete the Authorisation for NTU Form of Medical Procedures (Annex N-1). This authorisation is subject to the conditions:
 - (1) I will not hold the University, its officers, or any of its staff members responsible in any way, and that no 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.

Notwithstanding (1) and (2) above, NTU will make every reasonable effort to contact the parent/guardian(s) first if a student needs authorisation for a medical procedure or surgery. If the student or ISC is unable to contact the parent/guardian(s), ISC will contact the Local Guardian (if any); otherwise if the Local Guardian is not contactable, an NTU staff member will authorise or refuse consent for the medical procedure or surgery.

It is important that all international students coming to NTU have the attached form duly executed by their parents/guardian before arriving in Singapore. Please bear in mind that this procedure is meant to avoid delay to any surgery that may be required, and that reasonable effort will be made to contact their parent(s)/guardian before using the authorisations.

ANNEX N-1

AUTHORISATION FORM OF MEDICAL PROCEDURES FOR INTERNATIONAL STUDENTS

To: Nanyang Technological University (NTU)

I, _____, the father/mother/guardian* of _____
(please print name) *(name of student)*

Holder of Passport no. _____, hereby authorise the Nanyang Technological University of Singapore,
(student's passport no.)

its officers, or the Dean, Vice-Deans or any of the Fellows of Hall, Managers or Administrative Officers of the International Student Centre 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.

Name of Father/Mother/Guardian*: _____

Passport No./Identity Card No.: _____

Postal Address: _____

Contact Information:

Telephone (Residence): _____

Telephone (Office): _____

Mobile Phone: _____

Email Address: _____

Fax No.: _____

Signature of Father/Mother/Guardian*: _____

Date: _____

*delete where applicable