

## APPOINTMENT OF LOCAL GUARDIAN

I, \_\_\_\_\_, the father/mother of \_\_\_\_\_  
(name of parent) (name of student)

Holder of Passport no. \_\_\_\_\_, a student of Nanyang Technological University, hereby  
(student's passport no.)

appoint the following person as the local guardian who shall have the authority to endorse any surgical procedures on  
\_\_\_\_\_ on my behalf.  
(name of student)

I fully understand that in so doing,

- (1) I will not hold the University and its officers responsible for or liable in any way, and that no action shall arise from any personal injury or loss of life suffered as a result of the guardian's endorsement of the surgery performed, and
- (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 from the guardian's endorsement of the surgery performed.

### Particulars of Local Guardian (to be completed by parent(s)):

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Passport No./ Identity Card No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

### Contact Information:

Telephone (Home): \_\_\_\_\_ Telephone (Office): \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Name of Father/Mother\*: \_\_\_\_\_

Passport No./Identity Card No.: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone (Residence): \_\_\_\_\_ Telephone (Office): \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Signature of Father/Mother\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*delete where applicable