

AUTHORISATION FORM FOR MEDICAL PROCEDURES

(For Singapore Permanent Residents and International Students)

To: Nanyang Technological University, Singapore
("NTU")

I, the undersigned, as the father/mother/legal guardian*

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

hereby fully authorise and give my consent to NTU, its officers, or the Dean, Vice-Deans, or any of the Faculty-in-Residences, Managers or Administrative Officers of the NTU University Wellbeing Office permission to authorise or to refuse consent for medical procedures including surgery for and on my daughter/son/ward*s behalf.

Further:

- (1) I will not hold NTU, its officers, or any of NTU 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 or non-performance of medical procedures including surgery on my child/ward.
- (2) I will indemnify NTU and keep NTU indemnified against all losses, claims, demands, actions, proceedings, damages, costs, expenses, and any other liability arising in any way from the performance or non-performance of medical procedures and/or surgery on my child/ward.

SECTION A: PARTICULARS OF PARENT/LEGAL GUARDIAN			
Name			
Relationship to Student	Father / Mother / Legal Guardian*		
Email Address			
Contact Numbers	<Country code>	<Area code>	<Home number>
	<Country code>	<Area code>	<Office number>
	<Country code>	<Area code>	<Mobile number>

For the avoidance of doubt, a duly completed and signed copy of this form transmitted by email or other means of electronic transmission shall be deemed to have the same legal force and effect as delivery of an original signed copy of this form for all purposes.

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

* Please delete where applicable

Note: This form must be submitted [online](#) before your departure.