

APPOINTMENT OF LOCAL GUARDIAN

(For Singapore Permanent Residents and International Students)

I, the undersigned, as the father/mother/legal guardian* of _____,
(name of student)

Holder of Passport no. _____, a student of Nanyang Technological University, Singapore ("**Student**") hereby
(student's passport no.)

appoint the following person as identified in Section A below as the local guardian of the Student in Singapore, who shall have the full authority to endorse any medical procedures including surgical procedures on the Student, for and on my behalf.

I declare I have duly obtained the acknowledgment and consent of the person as identified in Section A below to act as the local guardian of the Student and I fully understand that in so doing:

- (1) I will not hold Nanyang Technological University, Singapore ("**NTU**") 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 local guardian's endorsement (including any delay or failure to endorse) of the medical procedures including surgery on the Student; and
- (2) I will indemnify NTU and keep NTU indemnified against all losses, claims, demands, actions, proceedings, damages, costs, expenses, and any other liability arising from the local guardian's endorsement (including any delay or failure to endorse) of the medical procedures including surgery on the Student.

SECTION A: PARTICULARS OF LOCAL GUARDIAN (TO BE COMPLETED BY PARENT/LEGAL GUARDIAN)			
Name			Relationship to Student
Passport No./Identity Card No.*			Date of Birth (DD/MM/YYYY)
Occupation			Email Address
Postal Address			
Contact Numbers	<Country code>	<Area code>	<Home number>
	<Country code>	<Area code>	<Office number>
	<Country code>	<Area code>	<Mobile number>
SECTION B: 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.