

THIS **MUST** BE COMPLETED AND RETURNED  
(1) TO THE RELEVANT FACULTY/SCHOOL (FOR GRADUATE COURSEWORK PROGRAMMES); OR  
(2) TO THE REGISTRAR'S OFFICE (FOR OTHER GRADUATE, NON-GRADUATING AND UNDERGRADUATE PROGRAMMES).  
INTERNATIONAL STUDENTS BELOW 18 YEARS OF AGE ARE REQUIRED TO HAVE THEIR PARENT COMPLETE THIS FORM<sup>+</sup>.



## FORM 2: AUTHORISATION OF MEDICAL PROCEDURES FOR INTERNATIONAL STUDENTS

[PLEASE REFER TO ATTACHMENT 1]

Please tick one box only:

- I hereby authorise
- I do not wish to authorise

National University of Singapore, its officers, staff, or any other authorised personnel to authorise or refuse consent for any surgery or other medical procedures or treatment on me/my child/my ward\*,  
\_\_\_\_\_, on my behalf.

*(Name of student)*

Further, I, for myself and my child/my ward\*, my successors, personal representatives and assigns, agree that:

- (a) I will not hold the University, its officers, staff or any other authorised personnel responsible or liable in any way for, and no right of action shall arise from, any loss or damage (including, without limitation and to the extent permissible by law, personal injury, loss of life or property damage) caused by or sustained as a result of the performance or non-performance of any surgery or other medical procedures or treatment on me/my child/my ward\*.
- (b) I will indemnify and keep indemnified, save and hold harmless the University, its officers, staff or any other authorised personnel against all losses, claims, demands, actions, proceedings, damages, costs or expenses, including legal fees, and any other liability arising in any way from the performance or non-performance of any surgery or other medical procedures or treatment on me/my child/my ward\*.

Signature of student/parent/guardian\*: \_\_\_\_\_

Name (please print): \_\_\_\_\_

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

Relationship to student, if applicable: \_\_\_\_\_

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

Mobile Telephone: \_\_\_\_\_ Fax.: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\* Delete as applicable.

<sup>+</sup> Where parents are deceased, a student below 18 years of age should provide the name of a legal guardian or any other person who has legal authority over, and responsibility for, the student.