

If your son/daughter encounters with medical emergency during his/her stay in Zhejiang Gongshang University and follow-up treatment is implemented only after signing a consent form by the relatives, do you agree to authorize Zhejiang Gongshang University to act on your behalf? If you would like to, please sign your name on the following letter of authorization; if not, please provide your contact phone number. If we fail to reach you when emergency happens, Zhejiang Gongshang University is NOT liable to anything happens subsequently.

Letter of Authorization

I hereby authorize Zhejiang Gongshang University to act on my behalf if my son/daughter _____ (Name) _____ (Passport NO.) encounters with medical emergency and follow-up treatment is implemented only after signing a consent form by the relatives during his/her stay in Zhejiang Gongshang University. Any legal consequence during the period of medical treatment is taken by the student himself/herself.

Parents' Signature: _____ Parents' Name: _____
Relationship to the student: _____ Contact phone number: _____
Date: _____

Note: Please submit the Letter of Authorization when registration. If you disagree with authorization, please leave your name _____ and contact phone number _____ here.

如您的儿子/女儿在我校就读期间碰到医疗紧急情况，医院要求亲属签署同意书再实施后续治疗时，您是否授权学校办理相关手续？如同意授权，请在以下授权书上签字；如不同意授权，请留下家长联络电话。如紧急情况发生时通过该联系方式无法联络到家长的，由此引发的一切后果与浙江工商大学无涉。

授权书

本人授权浙江工商大学在我的儿子/女儿 _____ (姓名) _____ (护照号)在浙江工商大学就读期间碰到医疗紧急情况，医院要求亲属签署同意书时，学校代表家长办理相关手续，就医期间的法律后果由学生本人承担。

家长签名: _____ 与学生的关系: _____
联系电话: _____ 日期: _____

备注: 请在新生报到时提交此份授权书。如不同意授权，请在此处留下您的姓名和联络电话。姓名: _____; 联系电话 _____。