

Consent Form

Physician to handle all communications and decisions required for any medical treatment	I, the u	ndersigned	, state:	
2. I acknowledge that it is the policy of the Ateneo de Manila University to notify the parents guardians or, in their absence, the next of kin of a resident-student who requires emergen medical attention and/or hospitalization about the need for taking the resident-student to the nearest hospital or emergency medical service if that is deemed necessary. 3. For any situation requiring my immediate attention in view of emergency circumstance affecting my aforesaid child/ward/relative, I assure that I will be available to be contacted through the ff: Primary contact number:	1.	I am the parent / legal guardian of o	or next of kin of, who	
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I confirm that I have fully informed myself of the contents of this Consent Form by reading it before	6.	In the event that I cannot be contacted, I hereby give my consent to the Office of the University Physician to handle all communications and decisions required for any medical treatments deemed medically necessary by the hospital or emergency medical center.		
signed it. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian, the interests and responsibilities of next of kin, necessary to execute this document with binding leg effect.	signed the inte	it. I warrant that I possess all the right	s, powers, and privileges of a parent or legal guardian, or	
Name & Signature: Date:	Name 8	& Signature:	Date:	