



ATENEO DE MANILA UNIVERSITY

UNIVERSITY RESIDENCE HALLS

Consent Form

I, the undersigned _____, state:

1. I am the parent / legal guardian of or next of kin of _____, who was born on _____, a bonafide student of Ateneo de Manila University and presently residing in (URH facility) _____.
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 emergency 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 circumstances affecting my aforesaid child/ward/relative, I assure that I will be available to be contacted through the ff:

Primary contact number : _____ Alt. contact number: _____

Email Address : _____

Relation : _____

Alternate Emergency Contact Person:

Name: _____ Contact Number: _____

4. I hereby give consent for my child/ward/relative, when seriously ill, to be taken to the nearest emergency medical center by the Office of the University Physician and Clinic.
5. I hereby consent and give permission for my child/ward/relative to receive medical treatments deemed medically necessary by the hospital or emergency medical center. I shall be liable for and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child pursuant to this authorization.
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.

I confirm that I have fully informed myself of the contents of this Consent Form by reading it before I signed it. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian, or the interests and responsibilities of next of kin, necessary to execute this document with binding legal effect.

Name & Signature: _____

Date: _____