

STUDENT UNDERTAKING GENERAL HEALTH AND MEDICAL EMERGENCY TREATMENT

I, _____, a student of the _____ batch of the _____ programme at Krea University, hereby authorize KREA UNIVERSITY, its employees, and the Health Centre staff (third-party service provider) to provide me with necessary care and services (as listed below):

- General medical health care and treatment
- Emergency medical intervention and treatment (including without prior consent in life-threatening situations)
- Mental health services and treatment

I understand that this undertaking authorizes KREA UNIVERSITY to act in my best interest in the event of a medical or mental health emergency. While I recognize that every effort will be made to inform my emergency contact before proceeding with treatment, I consent to KREA UNIVERSITY relying on this undertaking if notification is unsuccessful or if immediate care is required.

I consent to KREA UNIVERSITY, its employees, and the Health Centre staff (third-party service provider) facilitating any treatment, hospitalization, or medical procedures deemed necessary under the circumstances, including but not limited to x-rays, anesthesia, and specialist referrals.

I also authorize the University and Health Centre staff to isolate me or relocate me to designated isolation facilities in case of a diagnosis or suspicion of a contagious illness (including but not limited to Chicken Pox, Covid etc) and I consent to any related precautionary measures, including quarantine or restriction of movement within campus.

I authorize KREA UNIVERSITY to share my medical history with medical professionals involved in my care, as necessary, to ensure accurate and timely treatment.

This undertaking will remain in effect until I graduate from KREA UNIVERSITY or until I formally withdraw it in writing.

I understand that KREA UNIVERSITY provides medical insurance coverage for hospitalization and treatment up to a designated amount (to be communicated at the start of the academic year) and that this coverage is subject to the terms and conditions of the insurance provider. I accept financial responsibility for any medical expenses incurred that are not covered under the policy.

I also undertake to update the University Administration promptly in case of any changes to my emergency contact details.

Optional Medical History:

Known Allergies (Including medicinal allergies):

Special Medical Needs or Conditions:

Current Medications and Dosages:

Vaccination Information:



I hereby RELEASE, HOLD HARMLESS AND COVENANT NOT TO SUE KREA UNIVERSITY, its employees, Health Centre staff, or any other representatives of the University for any and all claims, causes of action, damages, or liabilities arising from or relating to the administration of medical care, whether or not due to any negligent act or omission by KREA UNIVERSITY. I acknowledge that KREA UNIVERSITY is not liable in the event of medical negligence by any third-party medical professional.

Student Signature: _____

Name: _____

Date: _____

Student Application No: _____

Address: _____

Emergency Contact

Name: _____

Relationship: _____

Location: _____

Mobile: _____ Email: _____

Student's Physician (if applicable)

Name: _____

Address: _____

Mobile: _____ Email: _____