AUTHORIZATION FORM
GENERAL HEALTH AND MEDICAL EMERGENCY TREATMENT

I/We, the parent(s)/legal guardian(s) of_____, authorize KREA UNIVERSITY, its employees and the Health Centre staff (third party service provider) to provide the necessary care and services (as listed below) to my/our son/daughter/ward, who is a student of _____ batch of the _____ program at Krea University:

- Medical health care and treatment of a general nature
- Emergency medical intervention and treatment (no parental consent is required in life-threatening situations)
- Mental health services and treatment.

I/We also understand that KREA UNIVERSITY may rely on this authorization in the case of emergency situations where immediate medical care needs to be administered. I/We understand that the University will attempt to notify me/us prior to necessary treatment in writing or through phone call if our son/daughter/ward is in need of medical treatment or care, but KREA UNIVERSITY may rely on this authorization in situations where notification is unsuccessful or where a written authorization is required.

I/We consent KREA UNIVERSITY, its employees and Health Centre staff (third party service provider) to treat or hospitalize or facilitate any other medical services procedures as may be deemed necessary under the circumstances, including, but not limited to, hospitalization, x-ray examination, anesthesia and surgery.

I/We authorize KREA UNIVERSITY to provide medical professionals treating our son/daughter/ward with the medical information history that KREA UNIVERSITY may have on my son/daughter/ward if requested by the medical professionals.

We intend for this authorization to take effect on the date we sign the authorization, and the authorization will remain in effect until the student has graduated from the University.

I/We understand that KREA UNIVERSITY'S medical insurance coverage for hospitalization, treatment and care is for a designated sum (which will be communicated to my son/daughter/ward at the commencement of their academic programme) and subject to terms and conditions laid out by the Insurance company, and that any hospitalization and/or related medical expenses beyond the sum covered under the medical insurance policy is entirely my/our responsibility. We accept the financial liability for all costs incurred through such medical treatment of my son/daughter/ward which are not covered under the medical insurance policy provided by the University.

Optional Medical History

Known Allergies (Including medicinal allergies):

Special Medical needs or conditions:

Current medication and dosages:

Vaccination-related information:

I/we, RELEASE, HOLD HARMLESS AND EXPRESS A COVENANT NOT TO SUE, KREA UNIVERSITY, its employees or the staff of Health Centre services and all other representatives of any of them employed in KREA University from and for any and all claims, causes of action, damages and liabilities from any cause, whether or not foreseeable or contributed to or by the negligent acts or omissions of KREA UNIVERSITY.

KREA University shall have no liability whatsoever in case of any medical negligence by the medical professional.

Signature of Parent(s) or Guardian(s): _____

Name of the Parent(s) or Legal Guardian(s): _____

Date:_____ Relationship with Student: _____

Signature of Parent(s) or Guardian(s): _____

Name of the Parent(s) or Legal Guardian(s): _____

Date:_____ Relationship with Student: _____

Address: _____

_____

For perusal in the case of medical emergencies:

Mobile:_____ E- mail: _____

STUDENT'S PHYSICIAN CONTACT INFORMATION

Name: _____

Address: _____

_____

Mobile:_____ E-mail: _____