日本語版・本人保管用（※英語版は１枚を大学へ提出し、もう１枚は自身で現地へ持参してください。）

緊急医療措置同意書

留学期間中、事故や疾病等により、入院、手術、麻酔処置その他の緊急医療措置が必要となる場合があります。未成年者については、原則として、親権者又は法定代理人の同意がなければ、手術や麻酔処置等を受けられない場合があります。また、成年者についても、本人が意思表示を行うことができない場合等には、家族等による同意または確認を求められることがあります。

本同意書は、緊急時に保護者等と連絡が取れない又は速やかに連絡を取ることが困難な場合に、必要な医療措置の遅延及びそれに伴う危険を可能な限り回避することを目的として、あらかじめ提出をお願いするものです。

学生情報

参加プログラム名	城西国際大学　UPHF プログラム
氏名（パスポート表記）	
生年月日	年　月　日
パスポート番号	

緊急医療措置に関する同意

本プログラム参加中に事故、疾病その他の理由により緊急の医療措置を必要とする場合、以下の事項に同意します。

1. 医療機関が必要と判断する診察、検査、治療、投薬、入院、手術、麻酔処置その他の医療行為が行われること。
2. 城西国際大学の引率教職員並びに留学先機関の担当者又は責任者が、必要な連絡、受診、入院等の手続を行うこと。
3. 緊急時に保護者等と速やかに連絡を取ることが困難な場合には、医療機関の判断により必要な医療措置が行われること。
4. 治療及び必要な手続きを行うため、医療機関が城西国際大学、留学先機関、その他関係者及び保護者等に対し、必要な範囲で学生の医療情報を提供すること。
5. 緊急医療措置に要する診療費、入院費、交通費及びその他の費用については、学生本人及び保護者等が負担すること。
6. 緊急時において学生本人が意思表示を行うことができる場合には、可能な限り本人の意思が尊重されること。
7. 手術その他の重大な医療措置を行う場合には、緊急性が極めて高い場合を除き、可能な限り事前に保護者等への連絡が試みられること。

上記の内容を確認し、同意のうえ署名します。

署名日　　年　　月　　日

学生本人署名（日本語・英語）	
保護者等署名（日本語・英語） ※未成年者の場合は、親権者又は法定代理人が署名してください。成年者の場合は、緊急連絡先となる家族等が署名してください。	（本人との続柄：　　）
保護者等の住所	
保護者等の電話番号	
保護者等のメールアドレス	

For University Records

EMERGENCY MEDICAL TREATMENT CONSENT FORM

During the study abroad program, an accident or illness may, in rare cases, require emergency medical treatment, including hospitalization, surgery, or anesthesia. As a general rule, minors may not undergo surgery or anesthesia without the consent of a parent or legal guardian. Even for adults, consent or confirmation from a family member may be requested when the student is unable to express their wishes.
This form is submitted in advance to help prevent delays in necessary medical treatment and reduce the associated risks if a parent, guardian, or other emergency contact cannot be reached promptly.

STUDENT INFORMATION

Program	Josai International University UPHF Program
Name (as shown on passport)	
Date of Birth (DD/MM/YYYY)	
Passport Number	

CONSENT TO EMERGENCY MEDICAL TREATMENT

If the above student requires emergency medical treatment due to an accident, illness, or other circumstances while participating in this program, I consent to the following:

1. The medical institution may provide any examination, test, treatment, medication, hospitalization, surgery, anesthesia, or other medical care it considers necessary.
2. JIU faculty or staff accompanying the program, and the representative or person in charge at the host institution, may make the necessary arrangements for communication, medical consultation, hospitalization, and related procedures.
3. If a parent, guardian, or other emergency contact cannot be reached promptly, necessary medical treatment may be provided based on the judgment of the medical institution.
4. For the purpose of treatment and related procedures, the medical institution may disclose the student's medical information, to the extent necessary, to JIU, the host institution, other relevant parties, and the student's parent or guardian.
5. The student and/or parent or guardian will be responsible for all medical, hospitalization, transportation, and other related expenses.
6. If the student is able to express their wishes in an emergency, those wishes will be respected as far as reasonably possible.
7. Before surgery or other major medical treatment, reasonable efforts will be made to contact the student's parent or guardian in advance, except where the situation is extremely urgent.

I have read and understood the above and hereby give my consent.

Date: _____ / _____ / _____

Student Signature (English)	
Parent / Legal Guardian’s Signature (English)	Relationship to Student: _____
Address of Parent, Legal Guardian, or Emergency Contact	
Telephone Number of Parent, Legal Guardian, or Emergency Contact	
Email Address of Parent, Legal Guardian, or Emergency Contact	

To Be Carried by the Participant

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