



## Parental Consent Form

### 家長同意書

Child's name: 兒童姓名：	
Date of Birth: 出生日期：	
Parent/Legal Guardian's Name: 父母/法定監護人姓名：	
Contact Details: 聯絡方式：	

I, the undersigned, am the parent/legal guardian of the above-named child who ages below 18 and hereby grant permission for him/her to seek medical advice in MACAU YIN KUI HOSPITAL for his/her unwell symptoms on \_\_\_\_\_ (date).

本人，以下簽署人，為上述少於 18 歲兒童的父母/法定監護人，並特此同意該兒童因身體不適，於 \_\_\_\_\_（日期）到澳門銀葵醫院就醫。

I acknowledge and understand that my child may or may not receive medications to take home after the consultation. Any tests or invasive procedures will require myself to be present in person before they can be performed (except in emergency situations).

我確認並明白，我的兒童在面診後可能會或者可能不會收到帶回家的藥物。任何檢查或侵入性治療都將需要本人到醫院了解情況後才可以進行（緊急情況例外）。

I understand that every effort will be made to contact me or the emergency contact listed below in the event of an emergency.

我明白，如果發生任何緊急情況，院方將盡一切努力聯繫我或下面列出的緊急聯絡人。

Emergency Contact Name: 緊急聯絡人姓名：	
Contact Details: 聯絡方式：	

Parent/Legal Guardian Signature:  
家長/法定監護人簽名：

Date:  
日期：