



長榮大學學生事務處 學生健康處理及緊急傷病送醫溝通單

貴家長大鑒：

本校設有諮商中心和衛保組，有專業的心理諮商師、護理人員、營養師，以提供貴子弟就讀期間的健康諮詢和健康守護的責任。本校的健康相關處理流程包括若遇身、心不適或意外事故時，會有相關專業人員先做評估，然後依情況處理或後送合適之健保特約醫療院所就醫，也會依情況將處理結果儘速通知家長；若是自傷、傷人或危害生命之虞等緊急狀況時，也一定會通知家長。為使照顧學生的工作更周全，特設計此「學生健康處理及緊急傷病送醫溝通單」，這是針對有特殊健康需求者，希望學校能配合處理，則請於下列溝通單載明，並留下連絡電話號碼，再將這張溝通單撕下，繳回衛生保健組（位於第一教學大樓一樓），本組會依需求妥善處理，若沒有特殊需求則會依本校流程處理，此單張就不需繳回。謝謝您們花時間瞭解與回應。

學生事務處 衛生保健組/諮商中心 敬啟

本人子弟（姓名）_____就讀長榮大學期間，

因_____健康問題，

請校方協助配合：_____

◎學生學號：_____

系(所)別班級：☐研究所博士班、碩士班、碩士在職專班 ☐日間學制大學部

☐夜間學制進修學士班 ☐夜間學制二年制在職專班

_____系(研究所)_____年_____班

行動電話_____

◎學生家長：_____（簽章）

連絡電話：日間_____

夜間_____

行動電話_____

中 華 民 國 _____ 年 _____ 月 _____ 日



Chang Jung Christian University Office of Student Affairs
Student Health Treatment and Hospital Emergency Treatment
Communication Form

Dear Parents:

The University has a Counseling Center and Health Services Section staffed with professional mental health counselors, nurses and nutritionists to provide health care and health guidance to your child during his or her study at the University. The University's procedure for handling health related incidents include assessment by relevant professionals for physical or mental discomfort or accident, followed by treatment according to the situation or transport to appropriate partner medical institution for treatment. Parents will also be notified of treatment outcome as soon as possible according to the incident. In case of emergencies involving the threat of self-harm, harm to others or life-threatening situation, parents shall be notified. To ensure student care, this Student Health Treatment and Hospital Emergency Treatment Communication Form is formulated to enable the University to assist students with special health needs. Please complete the following communication form and provide contact telephone number. Return the tear-off portion to the Health Services Section (located on the first floor of the First Academic Building) for the Section to handle accordingly. If there is no special request, the form doesn't need to be returned, and relevant matters shall be handled according to University procedures. Thank you for your understanding and cooperation.

Health Services Section, Office of Student Affairs/Counseling Center

My child (Student Name) _____ is a student of Chang Jung Christian University. Due to _____ health issue, please provide my child with necessary assistance in _____ during his/her duration of study at the University.

◎Student Number : _____

Department(Institute) and Class :

- ☐ Graduate school: doctoral program, master's program, in-service master's program
- ☐ Full-time undergraduate
- ☐ Part-time continuing education bachelor degree program
- ☐ Part-time 2-year in-service program.

_____ Department (Graduate Institute) Year_____ Class_____.

Cell phone: _____

◎Parents of student: _____ (Signature)

Contact Telephone :

(Day): _____

(Night): _____

Cell phone: _____

Date: (yy) (mm) (dd)