



Chang Jung Christian University Office of Student Affairs Communication Form for Student Physical and Mental Medical Emergency Treatment

Dear Parents:

The CJCUC Health Service Section and Counseling Center have a team of professional counselors, nurses, and nutritionists to provide health counseling and health care for your child during his/her studies. The CJCUC health management procedure includes a preliminary assessment by relevant professionals in the event of physical distress, psychological distress, or accident. The situation will then be managed accordingly, or transferred to an appropriate health insurance designated medical institution for medical treatment. We will also notify parents of the treatment outcome as soon as possible. In case of emergencies such as the threat of self-injury or injury to others, or a life-threatening situation, parents will also be notified. To ensure a more complete student care, this Communication Form for Student Physical and Mental Medical Emergency Treatment has been specially formulated for those with special health needs. For those needing cooperation from the school, please specify your needs in the following communication form. Provide your contact telephone number, detach this communication slip, and return it to the **Health Service Section** (located on the first floor of the First Academic Building). The Health Service Section will handle it accordingly. Those with no special need will be handled in accordance with CJCUC procedures, and need not return this form. Thank you for taking the time to read and respond.

Sincerely,

Health Service Section/ Counseling Center, Office of Student Affairs

My child (name) _____ has the following health problem: _____ and needs assistance from the school during his/ her time of study at Chang Jung Christian University.

◎Student Number: _____

Department (Institution) and Class: Doctoral Program, Master's Program, In-service Master's Program

Full-time Undergraduate Program

Part-time Bachelor's Degree Program

Two-year In-service Program

Department (Institute): _____ Year: _____ Class: _____

Cell phone: _____

◎Parent of student: _____ (Signature)

Contact telephone: Day: _____

Evening: _____

Cell phone: _____

Date: ____ (day) __ (month) __ (year)