

# Study Abroad Medical Consent and Authorization

Please complete this form in full. This document is required for participation in the study abroad program and will be used by program leaders in the event of a medical emergency. Print this completed form for your records and submission.

## 1. Student Personal Information

Full Legal Name:

Date of Birth (MM/DD/YYYY):

Study Abroad Program Name:

Host Country/Countries:

Program Travel Dates:

## 2. Emergency Contact Information

Primary Emergency Contact Name:

Relationship to Student:

Primary Phone Number:

Email Address:

## 3. Health and Medical Insurance Details

Health Insurance Provider (valid abroad):

Policy or Group Number:

Known Medical Conditions, Allergies, or Dietary Restrictions:

Current Medications (prescription and over-the-counter):

## 4. Medical Consent, Authorization, and Release

In the event of illness or injury during the study abroad program, I hereby authorize the program directors, staff, or designated representatives to secure medical treatment, including hospitalization, anesthesia, surgery, or medication administration for myself (or my minor child).

I agree to assume full financial responsibility for all medical services, procedures, evacuation, or repatriation expenses incurred during travel and residency abroad.

## 5. Authorization Signatures

Student Signature (Type Full Name to Sign):

Date:

Parent or Legal Guardian Signature (Required if student is under 18):

Date: