

Study-Abroad Health Authorization

We want to help make this Study-Abroad trip a safe and healthy experience. The purpose of this form is to help the Center for International Programs and Services, Department of Public Safety and Risk Management office to provide appropriate assistance to you should the need arise during your Study-Abroad experience.

It is important that we be aware of any medical problems (past or current), including mental health conditions, which might affect your ability to participate in a Gallaudet University Study-Abroad program. This information will be kept confidential in accordance with the law. Any disclosure of such information will be made only to appropriate individuals, and handled with the highest level of discretion in order to protect student privacy. Relevant information will be shared with program staff, leaders, or appropriate professionals as it relates to your health and safety. Failure to disclose significant health issues may result in dismissal from the program.

Health tests may be required prior to departure in certain circumstances.

Name:

Sex:

Male:

Female:

Birth date:

M/D/Y

Citizenship:

Email address:

Pager address:

Home address:

Name of Study-Abroad program:

Exact dates of program:

This information is required to coordinate treatment in the event of a medical emergency. **Answer "N/A" if not applicable**

ALLERGIES

Medication allergy:

Reaction:

Treatment, if exposed:

Medication allergy:	Reaction:	Treatment, if exposed:
Food or Environmental Allergies (foods, dust, chemicals, household items, pollen, bee stings, etc.)	Reaction	Treatment if exposed

NOTE: If you have **dietary restrictions or limitations**, we strongly recommend you discuss them with your program leader or the Office of Study Abroad Coordinator.

MEDICATIONS

Please list any medicines you are taking on a daily, regular, or as needed basis and indicate how often and why each medicine is taken.

Name of medication	How often taken	For what condition	Length of time treated

NOTE: Participants must bring an adequate supply of medications that are required on a daily or routine basis, in their original bottles, when traveling abroad. We suggest you bring a copy of all prescriptions while traveling.

ADDITIONAL HEALTH CONDITIONS

Do you have any additional health conditions other than those previously listed (such as surgeries, hospitalizations, significant injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your experience or may affect your participation in this program?

Yes:

No:

If yes, you are advised to consult with your health care provider. Please supply an explanation below:

Condition(s)	How often do you have symptoms	Plan for managing this condition while traveling

DISABILITIES

Are you registered with the Office of Students with Disabilities?

Yes

(If yes, please discuss your plans to study abroad with your OWSD specialist so you might increase your options abroad.)

No

Do you have a disability that will require accommodations while abroad?

Yes

(If yes, you must register with OWSD and meet with OWSD staff to complete a "Study Abroad Disability Accommodation Request Form." This must be done in a reasonable timeframe so as to allow for satisfactory evaluation of the requested accommodation and adequate time to implement the accommodation, if any. If you do not disclose your disability or request accommodations in a timely manner, Gallaudet University may not be able to assess and

accommodate your needs.) More time, ideally one year in advance of your departure, is needed for more significant accommodation requests.

No

HEALTH AND EMERGENCY AGREEMENT

I authorize the release of information contained in this *Student Health/Emergency Treatment Authorization* form for access and review by the Gallaudet University Center for International Programs and Services Director, Risk Management Director, Department of Public Safety Director, the appropriate health professionals in the Gallaudet University Medical Center, and the insurance provider.

I understand this form will be kept at the Gallaudet University CIPS, DPS and RM offices.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize Gallaudet University, through its representatives, to secure any necessary treatment.

In some cases, access to medical care may be more than 24 hours away and services may be limited. If coverage is not provided through my own travel insurance, I understand that such treatment shall be solely at my expense, and I shall reimburse Gallaudet University or its representatives for any expenses that they might incur on account of my condition or treatment.

In the event of any emergency abroad, Gallaudet University may notify my emergency contacts listed on the Study-Abroad Application.

I certify that all responses made on this form are complete, true and accurate, and I understand that if there are any changes in my health status, I will complete and submit an updated *Student Health/Emergency Treatment Authorization*.

I understand that if I withhold information on this form I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand that participation in this study abroad program is contingent on receipt by the Gallaudet University Center for International Programs and Services of this completed and signed form.

Participant Signature:

Date:

If you have any questions regarding medical problems, immunization requirements, or other health issues, notify your Study-Abroad faculty coordinator and CIPS at least 45 days prior to departure

Adapted with permission from Michigan State University Office of Study Abroad.