

**AUTHORIZATION FOR MEDICAL SERVICE
DURING OFF-CAMPUS STUDY OUTSIDE THE U.S.**

I hereby authorize medical service to provide appropriate treatment for any illness or injury that may occur during off-campus study in which I am involved.

PARTICIPANT'S NAME _____

OTHER INFORMATION

For your safety, if you have any medical condition that Career Services or faculty sponsor should be aware of, please provide the information below:

Any drug allergies or other significant allergies (e.g. food, wasp/bee stings, etc.)?

Any chronic illness (such as diabetes, asthma, etc.) or other condition Career Services or faculty sponsor should be aware of?

Any medication you need on a continuing basis?

Travel Insurance: Austin College students studying abroad during January Term are required to have health coverage and other emergency travel assistance benefits while out-of-the-country. Austin College has arranged for group coverage through ACE American Insurance Company and Assist America, Inc. Contact the January Term Office to purchase this coverage for your Off-Campus study.

INDIVIDUAL TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY *

NAME _____ RELATIONSHIP _____

STREET ADDRESS _____ EMAIL _____

CITY _____ STATE _____ Zip _____

HOME PHONE _____ WORK PHONE _____

*** Participant will provide a travel itinerary to the individual listed as your emergency contact**

If participant is under 18, then print this page and obtain signature of parent/guardian. Send completed and signed form to Margie Norman, Suite 61629

Participant's Signature _____ DATE _____

Parent/Guardian Signature _____ DATE _____

Student ID _____

By checking this box and providing your Student ID, you affirm that you are over 18 and this information is true and accurate.