

TRAVEL STUDY PROGRAM
MEDICAL SELF-ASSESSMENT AND RELEASE FORM

This form is to be completed by the participant and submitted to the faculty travel study leader no later than 1 month prior to the travel study departure date. A copy will be maintained in the SIUE Office of Study Abroad.

Name of Participant: _____

Student ID #: _____

Participant's Address:

Street City State Zip

Date of Birth _____ Gender: _____

Travel Study Program _____

Semester (circle one): SUM FALL SPR Year: 20 _____

EMERGENCY CONTACTS

Emergency Contact Name:	Emergency Contact Name:
Relationship to you:	Relationship to you:
Telephone Numbers:	Telephone Numbers:
Hm: Cell:	Hm: Cell:
E-mail Address:	E-mail Address:

INSURANCE:

SIUE requires all SIUE Travel Study student participants to purchase the ISIC (International Student Identity Card) which provides overseas accident and medical insurance, emergency medical evacuation and repatriation coverage through Travel Guard Insurance. The cost of the ISIC card is \$22. The ISIC can be purchased online at www.myisic.com or through the SIUE Office of Study Abroad. For more information see <http://www.siu.edu/studyabroad/ISIC.shtml>. **Non-student participants** are required to purchase an overseas health insurance policy which provides accident, emergency medical evacuation and repatriation coverage that is at least comparable to the insurance provided through ISIC.

- **Please attach a photo copy of your ISIC card to this form.**

The insurance provided through ISIC is not a comprehensive policy. If you elect to purchase supplemental coverage or if you are a non-student participant, please provide:

Insurance Company Name: _____

Policy Insurance #: _____

The purpose of this form is to provide you an opportunity to voluntarily disclose any medical information you believe may help the SIUE Faculty Travel Study Leader and the Study Abroad Office provide maximum assistance to you during your travel study experience should the need arise. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. If you have any medical or emotional problems, past or current, which you are concerned might affect you in a foreign study context, we can direct you to more specific sources of information about support services you can reasonably expect to find on site. Information provided here will be shared only with program staff, faculty, or university officials. Overseas sites may not be able to accommodate all reported individual needs or circumstances. If you do not report a medical condition, our ability to assist you in case of an emergency may be compromised. ***This information does not affect and is not required for your admission into the program.***

Please fill out the following for use in case of emergency only:

1. Do you have any known reactions to (*please check all that apply and give details below*):

_____MEDICATIONS _____INSECT BITES _____FOOD _____PLANTS

Details:

2. Do you have any other health conditions that would affect treatment you should receive? If yes, please indicate the known conditions and/or reactions:

3. If you will be taking any medication(s) during the program, please list here:

Note: It is your responsibility to have proper certification of medicine while traveling abroad. DO NOT put different medications into one container. Carry all prescription medications in their original containers in your carry on luggage.

4. Are there any additional medical conditions or physical disabilities that you would like to discuss with the faculty leader or study abroad advisor before studying abroad?

In the event of an emergency abroad, Southern Illinois University Edwardsville (SIUE) may notify my emergency contact(s). In the event that I need medical care, hospitalization or surgery while participating in the program, I understand that SIUE will attempt to contact the emergency contact(s) listed on this form. In the case that my emergency contact(s) cannot be reached and an immediate decision about care or treatment needs to be made, I authorize SIUE, through its representatives, to secure any necessary treatment. SIUE may, but is not obligated to, take any actions it considers warranted under circumstances affecting my health and safety. If coverage is not provided through my insurance program, I understand that such treatment shall be solely at my expense. I release, discharge, indemnify, covenant not to sue, and agree to hold harmless the Board of Trustees of Southern Illinois University Governing Southern Illinois University Edwardsville, its members, officers, agents and employees, from any liability which may result from authorizing any medical treatment and/or medication for me. I certify that all responses on this Medical Self-Assessment and Release Form are true and accurate.

Signature of Participant _____ Date _____