

MEDICAL CONSENT and EMERGENCY CONTACT FORM
Texas A&M University – Study Abroad Programs

This form is designed to be used in emergency medical situations where a student or participant is unable to provide the necessary information to a medical provider on his or her own. It is to be used only for the dates of the Study Abroad Program. *Note that this is voluntary and all information provided is private and confidential.* Please inform the faculty leader if changes need to be made prior to departure. The form will be destroyed after completion of the program.

STUDENT NAME _____ **UIN#** _____

PROGRAM _____ **Program Dates** _____ **to** _____

I _____ authorize the faculty leading the Texas A&M University Study Abroad Program and the following person(s) to use this information and their best judgment in obtaining necessary medical attention for me in the event of a medical emergency in which I am unable to respond.

Name(s) of Faculty _____

Student Signature _____ **Date** _____

Emergency Contact: _____	
Relationship to the student _____	
Address _____	
Phone _____	Cell Phone _____
Email _____ <i>Please use reverse side for added names</i>	

Please answer the following health questions to the best of your knowledge. If you answer yes to any of the questions, please supply details. *You may use the reverse side if necessary.* Circle one

1. Do you have a medical and/or emotional condition that the leader of the study abroad program should be aware of? YES NO

2. Are you currently taking any medications (prescription and non-prescription)? YES NO

If yes, please provide names _____

3. Do you have allergies to medication, food, insects, etc.? How do you react? YES NO

4. Do you have special concerns or needs that may require advance arrangements? YES NO
