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North Carolina Central University
Office of International Affairs
Study Abroad

STUDY ABROAD EMERGENCY-MEDICAL FORM 4

Student Name _____
LAST MIDDLE FIRST

Date of Birth ____/____/____ Gender MALE / FEMALE

Primary Emergency Contact Name	Secondary Emergency Contact Name
Relationship to Student	Relationship to Student
Home Phone Work Phone	Home Phone Work Phone
Cell Phone Alternate Phone	Cell Phone Alternate Phone
Address	Address
City, State, Zip	City, State, Zip

MEDICAL INFORMATION

Physician's Name _____ Insurance Company _____

Physician's Phone Number _____ Policy Number _____

Current Medical Conditions

Current Medication Being Taken

Allergies (General or to medication)

MEDICAL RELEASE AGREEMENT

"I certify that I am in good physical and mental health and that I do not suffer from any special mental or physical problem or condition that would prevent me from successfully taking part in study abroad and related travel activities." If you are unable to sign, please explain on a separate sheet.

Student Signature _____ Parent/Guardian Signature (If under 18) _____

Date _____ Date _____

CONSENT FOR MEDICAL TREATMENT

"I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for myself/my child and waive my right to informed consent of treatment. This consent applies only in the event that neither parent/guardian/spouse/designated other can be reached in the case of an emergency. In the event that it is necessary to rely on this consent, I agree to indemnify and hold North Carolina Central University and its agents harmless from the costs incurred for said emergency care and treatment, including attorney fees and costs incurred to recover said medical expenses."

Student Signature _____ Parent/Guardian Signature (If under 18) _____

Date _____ Date _____

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