

MEDICAL CONSENT AND EMERGENCY CONTACT FORM

All information provided is private and confidential. Please inform the Office of Study Abroad and Nationally Competitive Scholarships if any changes to this form need to be made prior to departure.

Name (First, M.I., Last): _____ Date of Birth: _____

Program location: _____ Dates of program: _____

I, the undersigned participant, authorize the West Texas A&M University Office of Study Abroad and Nationally Competitive Scholarships to use this information and their best judgment in providing necessary information to individuals procuring or providing medical attention for me in the event of a medical emergency in which I am unable to respond.

Student Signature _____ Date: _____

Emergency Contact: _____
Relationship to Student: _____
Address: _____
Primary Phone: _____ Cell Phone/Other: _____
Email Address: _____

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.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you have a medical and/or emotional condition that the faculty leader should be aware of?
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently taking any medications (prescription and non-prescription)?
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have allergies to medication, food, insects, etc.? How do you react?
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have special concerns or needs that may require advance arrangements?
_____ | <input type="checkbox"/> | <input type="checkbox"/> |

State Law requires that you be informed of the following: (1) You are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) You are entitled to receive and review that information; and (3) You are entitled to have the information corrected at no charge to you.

**Please submit form by dropping it off at CC115A or CC115B or emailing it to studyabroad@wtamu.edu.
Additionally, please save a copy for your records.**