

**Catawba College Foreign Study Program
Permission for Emergency Medical Treatment**

Name of Participant: _____

Date of Birth: _____

Passport Number: _____

Permission for Emergency Treatment

A person participating in Catawba College may encounter a health emergency requiring hospitalization and/or immediate medical care and treatment. To prevent dangerous delay in treatment, participants in Catawba College are strongly encouraged to sign this Permission statement and carry a copy of it on his/her person at all times while involved in Catawba College. A copy of this Permission statement will be retained at the Catawba College site. Another copy will be maintained at the College offices in the United States.

In the event of an emergency, illness or injury affecting me, _____ (participant's name), born _____ (date), I, the undersigned, hereby authorize immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician or other medical personnel, including but not limited to administering an anesthetic and performing necessary surgery.

Further, a representative of Catawba College may make medical decisions for me, _____ (participant's name), including but not limited to decisions related to transferring me to alternate medical facilities for additional medical care.

The undersigned, _____ (participant's name) is covered by health insurance which provides coverage while living outside of the United States. The policy number is _____ and is provided by _____ (insurance company).

I, _____ (participant's name), choose to provide the Program Director with the following necessary or desirable medical information in order to assist or resolve an emergency while participating in a Catawba College Foreign Study Program.

Signature

Date

(If student is under 18 years of age, a parent or legal guardian must also read and sign this form.)

I am the parent or legal guardian of the above Applicant, have read the foregoing Form (including such parts as may subject me to personal financial responsibility), am and will be legally responsible for the obligations and acts of the student as described in this Form, and agree, for myself and for the student, to be bound by its terms.

Signature of Parent/Guardian

Date

Name Parent/Guardian (Please Print)

Emergency Contact Information (Please Print)

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Contact Phone Number _____ Alternate Contact Phone Number _____

If on religious or other grounds the participant or his/her parent/legal guardian/next of kin are unwilling to sign the Permission for Emergency Treatment, a written explanation should be signed by both the participant and his/her parent/legal guardian/next of kin must be attached to this document which will be returned to Catawba College.