PARENTAL STATEMENT FORM for Exchange/ Independent Programs
SAM HOUSTON STATE UNIVERSITY
OFFICE OF INTERNATIONAL PROGRAMS

Student Name: ________________________________________________
SAM ID: ________________________

Studying abroad can be a significant financial investment. It is essential that students communicate with their parents about their plans and ensure that they have the necessary support for their international education experience. Parents MUST be informed and consent to allow their dependents to attend the study abroad trip. By the parent/legal guardian initialing and signing below, they are agreeing that they assume financial responsibility for the student, and support the student’s participation in the program.

_______ My son/daughter has my permission to study on a Sam Houston State University approved abroad program.

_______ I agree to meet his/her expenses during this period.

_______ I understand that Sam Houston State University cannot assume responsibility for any medical expenses incurred by students abroad.

_______ I understand that my daughter/son may need to pay all medical bills on site and request reimbursement from their insurance company on return home.

_______ I understand that my son/daughter is required to have a health insurance policy while abroad that at minimum covers emergency medical evacuation and repatriation of remains in the event of a death, and that it is my son/daughter’s responsibility to purchase said insurance plan.

_______ I understand that mild physical and emotional problems may be exacerbated by the stresses associated with study abroad, and I believe that my daughter’s/son’s decision to undertake this experience is a sound one.

_______ I understand that Sam Houston State University cannot assume legal responsibility for health care for students abroad.

_______ I understand that my son/daughter will be charged a $200 Study Abroad Service Fee on their account.

For parents who have their children on their health insurance, please check with your provider to ensure that coverage includes international travel and the above-mentioned requirements. If the student will be covered under the parent’s insurance policy, please fill out the section below. If not, please check the appropriate alternative option.

_______ My son/daughter will be covered by my policy with ____________________________________ insurance company (policy # ________________________), and we have reviewed the coverage abroad provided by this policy, and confirm that it covers emergency medical evacuation and repatriation of remains.

_______ My son/daughter is NOT covered by my health insurance policy, and will be purchasing an independent policy to ensure proper coverage.

_______ My son/daughter is participating in a program where the insurance is included in the program cost and will not need to purchase insurance independently.

Parent/Guardian’s Signature :  ____________________________________ Relationship:  ________________________

Program Location:  ____________________________________________
Program Dates:  _____________________________________________
University/Provider  __________________________________________

Return to:
Cassie Cure, Study Abroad Coordinator (cjc065@shsu.edu)
Farrington 116