



EMERGENCY CONTACT AND INFORMATION RELEASE FORM
SAM HOUSTON STATE UNIVERSITY
OFFICE OF INTERNATIONAL PROGRAMS

Student Name: _____ SAM ID: _____
 Program Location: _____ Sponsor: _____
 Program Dates: _____ Program Leader: _____
 Age: _____ Date of Birth: _____/_____/_____ Gender: _____
 Current Address: _____

Permanent Address: _____

Section 1: In case of emergency while you are studying abroad, please list anyone who you would like us to contact, and with whom you will allow us to share information about your location, situation, and logistical requirements.

Contact #1
 Name: _____ Relationship: _____
 Address: _____
 Phone: _____ Email: _____

Contact #2
 Name: _____ Relationship: _____
 Address: _____
 Phone: _____ Email: _____

Section 2: In non-emergency situations, please indicate whether you authorize us to discuss information regarding your study abroad program with anyone, including your parents. This release is effective from the dates of _____/_____/_____ to _____/_____/_____
 month day year month day year

_____ I do not authorize any release of information about my study abroad program

_____ I authorize release of information to Contact #1 (above)

_____ I authorize release of information to Contact #2 (above)

_____ I authorize release of information to:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Students Signature _____ Date: _____

Section 3: Health Insurance- each student must have at minimum emergency evacuation and repatriation insurance before traveling abroad.

Name of Health Insurance Company: _____

Policy # _____



HEALTH INFORMATION FORM
SAM HOUSTON STATE UNIVERSITY
OFFICE OF INTERNATIONAL PROGRAMS

The following form must be completed and signed by a physician, either your personal doctor or one at the Health Center.

The purpose of the following is to help OIP to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will remain confidential and will be shared with program staff, faculty or appropriate professionals only if pertinent to your own well-being. This information does not affect your admission into the program.

Yes _____ No _____ 1. Are you currently being treated or have you been treated within the past five years for a physical health condition, injury, or disease? (if yes, please explain.)

Yes _____ No _____ 2. Are you currently being treated or have you been treated within the past five years for a mental health condition, psychological or emotional? (if yes, please explain.)

Yes _____ No _____ 3. Do you have any allergies? (if yes, please explain.)

Yes _____ No _____ 4. Are you taking any medications? (if yes, please explain.)

Yes _____ No _____ 5. Are you a vegetarian or are you on a restricted diet? (if yes, please explain.)

Yes _____ No _____ 6. Do you believe you have a disability requiring reasonable accommodations to participate in a learning abroad program? (if yes, please explain.)

Yes _____ No _____ 7. Is there any additional information that would be helpful for the programs to be aware of during your study abroad experience? (if yes, please explain.)

Please have your doctor complete the following:

To your knowledge, are there any predisposing medical, physical or emotional factors which, under stress of adjusting to another culture, may require treatment while the student is abroad?

Yes _____ No _____ **If yes, please comment:**

Physician's Name (please print) _____

Signature: _____ **Date:** _____

Address: _____



PARENTAL STATEMENT FORM
SAM HOUSTON STATE UNIVERSITY
OFFICE OF INTERNATIONAL PROGRAMS

Name: _____ Term Abroad: _____
 Program: _____

My son/daughter has my permission to study on a Sam Houston State University approved study 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 also understand that my daughter/ son will need to pay all medical bills on site and request reimbursement on return home.

I understand that mild physical and emotional problems may be exacerbated by the stresses associated with study abroad, and I believe that my daughter/ 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 health insurance coverage for the period of study abroad is required. My daughter/ son student will be covered by a policy with _____ insurance company (policy # _____), and we have reviewed the coverage abroad provided by this policy.

Parent/ Guardian's
 Name _____ Relationship _____

Signature _____ Date _____

*If parents are separated or divorced and share financial responsibility,
 please include the name and signature of the other parent:*

Parent/ Guardian's
 Name _____ Relationship _____

Signature _____ Date _____

Student Release

I authorize Sam Houston State University to contact my parent about my emergence physical or mental health condition while I am abroad if it is deemed advisable to do so.

Signature _____ Date _____