



Student Emergency Treatment Form

WAYNE STATE UNIVERSITY

Study Abroad & Global Programs

906 W. Warren • 131 Manoogian • Detroit, MI 48201 • Phone: (313) 577-3207 • Fax: (313) 577-7687

Program Information:

Program Name Program Location *Include all Countries*

Program Dates *Include date ranges and year* Program Location

Applicant Information:

Name

Current Address

City State/Province Postal Code

Phone Alt. Phone E-mail *Most correspondence from our office will be via e-mail. Please list one you check regularly.

Date of Birth (MM/DD/YYYY)	Gender M F	Citizenship	WSU ID # <i>9-digits</i>
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Medical Information:

This information is required to coordinate treatment in the event of a medical emergency. Answer "N/A" if not applicable. Attach another sheet if necessary.

ALLERGIES

Medication allergy: Reaction: Treatment, if exposed:

Food or environmental allergy: Reaction: Treatment, if exposed:

MEDICATIONS

Please list any edicines you are taking on a daily basis:

ADDITIONAL HEALTH CONDITIONS

Do you have any health conditions other than those previously listed (such as surgeries, hospitalizations, injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your experience or may affect your ability to participate in this program? **Yes** **No**

If yes, you are advised to consult with your health care provider. Please supply explanation below:

Condition(s) How often do you have symptoms? Plan for managing this condition while abroad

Medical

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Form