Student Emergency Treatment Form

WAYNE STATE UNIVERSITY
Study Abroad & Global Programs
906 W. Warren • 131 Manoogian • Detroit, MI 48201 • Phone: (313) 577-3207

Medical Form

Program Information:

Program Name

Program Location *Include all Countries*

Program Dates *Include date ranges and year*

Program Sponsor/ Department

Applicant Information:

Name

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	Citizenship	WSU ID # *9-digits*
	◯ M ◯ F		

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 medicines 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 your health care provider. Please supply explanation below:

Conditions: _____

How often do you have symptoms? _____

Plan for managing this condition while abroad: _____

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Disabilities

Are you registered with the Education Accessibility Services (EAS) for Persons with Disabilities?

- ○ Yes (if yes, you are advised to discuss your plans to study abroad with your EAS specialist so you might increase your options abroad)
- ○ No

Do you have a disability that will require accomodations while abroad?

- ○ Yes: Please list special accomodation:
- ○ No

Medical Records

The following must be completed. If you do not have a regular physician, indicate where your medical records are kept.

Physician Name: _____

Office Phone: _____ Emergency Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Health and Emergency Agreement

I authorize the release of information contained in this Student Health/ Emergency Treatment Authorization Form for access and review by the director of WSU Study Abroad and Global Programs and the appropriate health care professionals at WSU. If further medical information is required, I understand that I will be contacted by a health care professional at WSU who will ask for a specific release for my personal health care professional(s), and/or clarify medical information with me directly. I understand that if this information is pertinent to my health and safety abroad, it may be discussed in a confidential manner with the director of WSU Study Abroad and Global Programs, the WSU program leader, host family, and the host institution's resident director.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize Wayne State University, through its representatives, to secure any necessary treatment. If coverage is not provided through the WSU Study Abroad and Global Programs insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse Wayne State University or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency abroad, Wayne State University may notify my emergency contact listed on the Study Abroad application.

I certify that all responses made on this form are complete, true and accurate, and I will notify the Study Abroad and Global Programs Office immediately of changes in the state of my health. I understand that if I withhold information on this form I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand that approval and participation in this study abroad program is contingent on receipt by the WSU Study Abroad and Global Programs Office of this completed signed form.

Signature _____ Date _____