

SIMPSON COLLEGE STUDY ABROAD HEALTH INFORMATION FORM

Travel courses are usually physically and emotionally demanding. It is important that you assess your fitness in relationship to the anticipated rigor of the particular course for which you are enrolled.

Any information received regarding your health or abilities will be kept in **strict confidence**. The health form will be filed with the Office of International Education and will be kept with the course instructor(s). If a medical emergency arises, the following information may be shared with medical professionals in order to facilitate treatment. If you receive professional medical attention while participating in this course the instructor will alert the Office of International Education at Simpson College who will notify the contact person indicated below.

Please indicate that you understand and accept these statements by signing below.

(sign) _____ (print your name) _____ (date) _____

Emergency Contact:	
Name/relationship	
Daytime phone	Evening phone
Cell phone	fax
e-mail	

In order to travel, you **MUST** have medical insurance which will cover you overseas. Please provide the name of the company and the policy number of your policy. If you don't have coverage, contact the Office of International Education for information on insurance providers which offer low-cost coverage for the duration of your travel course.

Company _____ Policy number _____

Please indicate any health or dietary conditions that could impact or impair your travel course participation. Please note that any need for special accommodations must be made before departure and that every effort will be made to honor these requests whenever possible.

Allergies:
Medical conditions:
Dietary restrictions (including voluntary):
Prescription medicine that you will be carrying and its purpose:

Is there additional information that you would like to share about any health concerns that you might have or accommodations that you might need while abroad?