



OFFICE OF STUDY ABROAD – FACULTY LED PROGRAM MEDICAL INFORMATION

(Please Print)

Course/Program: _____ Term: _____

Name: _____ Nickname: _____

If U.S. Citizen If not a U.S. citizen, are you a permanent resident of the U.S. Yes No

Male Female Social Security No.: _____ Telephone: _____ E-mail Address: _____

Home Address: _____ Street Address, Apartment Number, Etc. City State Zip Code

Ethnic Origin (Optional information used for statistical purposes only)
White - non-Hispanic origin Hispanic Asian or Pacific Islander
Black - non-Hispanic origin American Indian or Native Alaskan Non U.S. Citizen

Emergency Contact Information (In Case of an Emergency Notify the Following)

Table with 5 columns: Name, Relationship, Home Phone, Work Phone, Language*

*Language spoken by your emergency contacts (if other than English).

Medical Information

Please, include below any relevant medical information about you that the trip coordinator/advisor, should know.

List any medical condition: _____

List any drug allergies: _____

List other known allergies (foods, drinks, etc.): _____

Date of last tetanus shot: _____

Authorization of Treatment and Release

In the event of an emergency, I authorize Webster University to make arrangements as reasonably necessary for the welfare of the student. I authorize the hospital/physician/dentist to perform medically necessary procedures.

I understand that the cost of medical attention and ambulance are not the responsibility of Webster University, its employees, agents, representatives, teachers, and/or volunteers.

I certify that the information given on this application is correct and complete. Signature of individual financially responsible for this student.

Student Signature Date Signature Date