



500 College Hill • Liberty, Missouri 64068-1896 • (816) 781-7700 • Fax (816) 415-5027

www.jewell.edu

Office of International Studies, ext. 5121

Authorization of Medical Care

Name: _____

Overseas Program: _____

To the Participants and their Parents:

On occasion emergencies may arise which require medical care, hospitalization, or surgery for a participant. So that such treatment can be administered without delay, we ask that each participant sign the following statement authorizing the Program Director abroad to secure, at the expense of the participant, any treatment deemed necessary.

In the event of injury or illness to the undersigned participant in a study abroad program, I hereby authorize the Program Director, or other appointed official, at my expense, to secure any necessary treatment, including the administration of an anesthetic and surgery, and such medication as may be prescribed. It is further agreed that, if my condition so requires, I may be returned to the United States, at my own expense.

DATE _____

DATE _____

Participant's Signature Age

Parent's Signature
(if participant is under 18 years of age)

Insurance company _____

Policy Number _____

Does your current insurance cover you while overseas? Yes ____ No ____