**ELIZABETHTOWN COLLEGE**

**INTERNATIONAL SUMMER INTERNSHIP FUNDING PARTICIPATION AGREEMENT**

**& ASSUMPTION OF RISK AND RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a student of Elizabethtown College, am applying to Elizabethtown College for funding to intern off-campus at the internship site described below.

I have been offered an internship by the internship site, and wish to voluntarily intern at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Organization name and address)

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

(Start and end dates of internship)

Should I notify Elizabethtown College of an intention to defer or extend or change the dates of stay at the Internship Site, all parts of this agreement will apply to the actual and full period of participation.

All students participating in an international internship through Elizabethtown College, as described in the various program materials and orientation meetings, are doing so on a VOLUNTARY basis. These exchanges are in OTHER COUNTRIES and may involve SIGNIFICANT RISKS such as travel to and from and living in a foreign country under different conditions of public or private health, sanitation, communication, infrastructure, politics and environment.

I understand that my participation in an international internship requires a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and I hereby WARRANT BEING PHYSICALLY FIT AND ABLE TO PARTICIPATE and understand that I am ASSUMING THOSE RISKS AND RESULTS which are part of these activities including the laws, customs, living conditions and health standards existing in the country(ies) where I will travel and study. I acknowledge that I have been strongly encouraged to consult with my medical care providers before leaving the United States.

I, along with my parent(s) or legal guardian(s), agree to the terms set forth in this Agreement and recognize that we are bound by these.

**A. Relationship between Elizabethtown College and the Internship Site**

“Approval” by Elizabethtown College of an internship as a result of a review process (a program which the College approves for an individual student by petition) is not an endorsement of any internship site. It is the responsibility of the student to investigate internship sites carefully, to determine which are appropriate given the student’s individual academic needs, interests, and concerns, including but not limited to health and safety considerations. Elizabethtown College will work with the student to help gather information to assist with this decision. I understand that the College does not make any representation regarding the suitability of any internship for a particular student. I understand that Elizabethtown College does not represent or act as an agent for, and cannot control the acts or omissions of, any host organization, host family, transportation carrier, hotel, tour organizer or other provider of food, goods or services involved in the internship. I understand that Elizabethtown College is not responsible for matters that are beyond its control including but not limited to: violence, crime, outbreaks of disease, and/or terrorist attacks which may occur in the country or region in which the Internship is located. I hereby release Elizabethtown College from any injury, loss, damage, accident, delay or expense arising out of any such matters.

**B. Student Conduct**

1. Elizabethtown students who participate in internships are required to observe the laws of the country in which they will be residing, as well as all academic and disciplinary regulations in effect at the Internship. The student further understands and agrees that while participating in the Internship, the student remains enrolled concurrently as a degree candidate at Elizabethtown, and as such, must adhere to Elizabethtown’s honor code and behavioral rules. The student’s conduct may be subject to judicial proceedings at Elizabethtown College if the alleged conduct violates the College’s expectations for student conduct and academic responsibility.

2. Standards of Conduct. The Student recognizes that he/she assumes an important personal obligation to conduct her/himself in a manner compatible with the Internship and its reputation, with local laws and regulations, and with Elizabethtown College regulations for student conduct. The Student bears the responsibility to become informed of, and abide by, all such laws, regulations and standards. The Student also will comply with Elizabethtown College's rules, standards and instructions for student behavior. The Student agrees that Elizabethtown College has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions on the Student, including immediate expulsion from the Internship, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony and welfare of Elizabethtown College, the Internship or other Internship Site staff. If expelled from the Internship, the Student will be responsible for all expenses incurred up to the time of expulsion and for all expenses incurred in returning to the point of origin. The Student recognizes that, due to the circumstances of foreign internships, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at Elizabethtown College do not apply.

3. The student’s participation in the Internship may be terminated immediately by the Internship Site and/or by Elizabethtown College if the student engages in conduct that endangers himself/herself or others.

**C. Health and Well-being**

1. Risks of Interning Abroad

a. The Student is responsible for his/her personal safety at all times, including when not at the Internship. There are certain dangers, hazards and risks inherent in international travel, international living, and activities associated with international internships, including but not limited to foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; weather conditions; risks arising from sanitary or health conditions, crime, civil disturbances, terrorism and travel; or other accidents. These dangers, hazards and risks could include serious or even fatal injuries and/or property damage. The student is responsible for informing himself/herself about known dangers, hazards, and risks, including, but not limited to review of any U.S. State Department information about the country, which is available at http://travel.state.gov, and expressly assumes all risks for any loss, injury, death, or damage resulting from his/her decision to intern abroad at the chosen internship site in its particular location, and from any precautions (including recommended or required immunizations) he/she takes or fails to take. The Student agrees to take every precaution to safeguard his/her health and to protect his/her personal belongings from damage or theft. The Student recognizes that Elizabethtown College recommends that it is unadvisable to travel alone, particularly at night. Being alone, particularly at night, may present additional danger to the Student's safety and well-being.

b. Elizabethtown College has not made, and does not make, any representations regarding the student’s personal safety or the safety of the student’s property while participating in the Program.

c. Travel, transition, distance from established support systems, and living in a different culture are all challenging circumstances that can alter previously effective ways of managing medical, physical, or psychological conditions. Elizabethtown College cannot assure the student of the provision of these supports abroad. If the student informs the College of any supports he/she relies upon in the United States and may need for his/her wellbeing while abroad, the Elizabethtown College Study Abroad office will offer reasonable assistance in providing information about available options. The student’s failure to inform Elizabethtown College of any special needs he/she may have renders the College unable to offer any such assistance.

2. Independent Activity. Elizabethtown College is not responsible for any injury or loss the Student may suffer when traveling independently or otherwise separated or absent from any activities sponsored by the Internship.

3. The student authorizes and permits Elizabethtown College to communicate with the Internship Sponsor and/or the student’s parent(s) or legal guardian(s) about any matters pertaining to the student’s participation in the Internship, including but not limited to the student’s health, well-being and conduct.

4. The Student is responsible for ensuring that he/she has a valid passport and, if applicable, an appropriate entry visa.

5. The Student understands that he/she is responsible for any legal problems he/she may encounter with any foreign nationals or government of the host country. He/She acknowledges that (i) Elizabethtown College is not able to assist students who break the law or are accused of breaking the law in a foreign country and is not responsible for legal fees or other costs while attempting to secure the Student's release from foreign custody, and (ii) neither Elizabethtown College nor the United States government has the ability to protect the Student from punishment with respect to drugs and other criminal offenses.

6. The Student certifies that he/she will carry valid and current medical insurance and have a valid insurance identity card to bring. It is the Student's responsibility to determine that this insurance is adequate to cover injuries or illnesses that may be sustained while participating in the Internship, including the expenses of returning to the United States in the event that such action is necessary.

7. The Student hereby certifies that he/she is free of any conditions that would endanger his/her life, health, or well-being while traveling or living abroad, or that would impede his/her ability to fully participate in all aspects of the Internship. The Student recognizes that Elizabethtown College is not obligated to attend to any of his/her medical or medication needs, and he/she assumes all risk and responsibility therefore. If the Student should require medical treatment or hospital care during the Internship, Elizabethtown College is not responsible for the cost or quality of such treatment or care. However, Elizabethtown College and its representatives and designees are authorized (but are not obligated) to take any actions they consider to be warranted under the circumstances regarding the Student's health and safety, including but not limited to, placing him/her under the care of a doctor in a hospital or any place for medical examination and/or treatment or returning him/her to the United States at his/her own expense if such return is deemed appropriate or necessary. The Student agrees to pay all expenses relating thereto and release each of such persons from any liability for any such actions. Should the need arise, Elizabethtown College is authorized to provide any personal information about the Student to any health care provider.

**D. Emergency Contact**

I have identified the individual listed below as an emergency contact for the duration of my international internship. (S)he has agreed to serve as an emergency contact, and I have notified him or her of my travel plans and of the activities I will be undertaking. I understand that my emergency contact may be notified if I am in a situation deemed an emergency by Elizabethtown College.

Emergency Contact’s Name and Relationship to the Student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact’s Home Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact’s Work Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact’s Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact’s Email

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assumption of Risk and Release of Claims**

*This is a release of legal rights. Read and understand before signing.*

Knowing the risks described above, and in consideration of being permitted to participate in the Internship, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Internship. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify Elizabethtown College, its Board of Trustees, and its officers, faculty, staff, representatives, volunteers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may suffer, or for which I may be liable to any other person, during my participation in the Internship (including periods in transit to or from any country where the Internship is being conducted), resulting from any cause including but not limited to Elizabethtown College's, its trustees', officers', faculty, staff, representatives', volunteers', employees' or agents' own passive or active negligence or other acts other than fraud, willful misconduct or violation of law.

I agree and that this Assumption of Risk, Unconditional General Release, and Indemnification agreement is to be construed under the laws of the Commonwealth of Pennsylvania, and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect.

I have carefully read this Assumption of Risk and Release of Claims before signing it.

I understand the content of this document, and hereby certify that I am at least 18 years of age.

I execute this Release and Waiver of Liability of my own free will and accord.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

(Student)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

(Parent or Guardian)

**STATEMENT OF STUDENT INSURANCE COVERAGE
FOR INTERNATIONAL RESEARCH OR INTERNSHIP PROGRAM**

**Elizabethtown College**

Elizabethtown College students are required to have international health insurance coverage prior to departure for the international research, internship or clinical program. Your own family or individual insurance policy may provide adequate medical coverage. However, many policies have severe restrictions that may preclude or limit adequate coverage while overseas. We strongly recommend that you review your current health insurance coverage. Please refer to Section A on the back of this form for some important questions to ask in evaluating policy coverage.

Additionally, Elizabethtown College provides foreign travel medical and assistance insurance coverage to our students at no additional cost. This travel accident and sickness insurance coverage is provided by CISI, and is designed to ***complement*** any parental health insurance or host country health insurance coverage you will have during the international internship program. The foreign travel coverage is composed of two parts: Travel Accident and Assistance Insurance and Emergency Travel Assistance Services. Please refer to the CISI website for the latest information on CISI coverage and benefits.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Research or Internship Program & Term:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INSURANCE VERIFICATION**

I verify that I will have adequate emergency health insurance coverage while I am conducting my international internship. I understand any coverage limitations and the procedures for making claims while I am abroad.

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Primary

 Policy Holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**SECTION A: Evaluating Your Health Insurance Policy**

Elizabethtown College requires that all students studying, researching or interning abroad have medical coverage. Prior to your departure abroad, we recommend that you check with your personal insurance agent to review your current health insurance policy. Be sure to ask the following important questions:

* Does the insurance cover students engaged in international education while outside the United States or home country? Any limitations as to time spent abroad?
* How will payment be made to the overseas health care provider? In what currency?
* What is the maximum sickness and injury benefit?
* Are pre-existing conditions covered? If so, is there a waiting period?
* Does the policy cover emergency medical transportation or evacuation? If so, will it pay evacuation to the home country or only to the nearest medical facility? What is the maximum payable?
* Does the policy provide for extension of benefits if you are receiving medical care at the time the policy expires?
* Does the policy cover repatriation of remains? If so, what is the maximum payable?

Frequently, U.S. health insurance policies will not provide a benefit for medical evacuation or repatriation of remains while abroad. ***Please note that this coverage is provided through the ELIZABETHTOWN COLLEGE- SOS foreign medical coverage below.***

**Elizabethtown College hopes you have a safe and healthy international experience. Take the precautions now to make this one of the great experiences of your life!**

*October 2016*

**HEALTH and EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_

Off-Campus program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **In case of emergency, please notify:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_

Phone (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (w) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (w) \_\_\_\_\_\_\_\_\_\_

 (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*We recommend that at least one of your emergency contacts have a valid passport in the event of necessary travel due to a medical emergency.***

The purpose of this form is to help Elizabethtown College give you maximum assistance should the need arise during your international experience. Mild physical and psychological disorders can become serious under the stresses of life while living abroad. Moreover, the system of US healthcare is unlikely to be replicated in the host country. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in an off-campus study context. Providing the information requested by this form is not absolutely mandatory, but given the particular stresses and risks involved in living abroad, your refusing to do so could create a substantial risk of harm, and should only be done after consulting a physician.

The information provided will remain confidential and will be shared with Elizabethtown College staff, host program staff, or your parents only if pertinent to your own well-being. Elizabethtown College may not be able to accommodate all individual needs or circumstances. This information will not be used to disqualify you from the program.

Please be *honest* and *comprehensive* when answering the following health-related questions:

Top of Form

**1a. Are you currently under medical treatment? ☐ No ☐ Yes (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1b. Do you have any chronic medical conditions (e.g. asthma, diabetes, etc.)?**

**☐ No ☐ Yes (please explain)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Have you had any surgical operations or been advised to have any?**

**☐ No☐ Yes (please explain)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3a. Are you currently taking any medication? ☐ No ☐ Yes (please list medication) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3b. Is this medication for a ☐ temporary or ☐ ongoing condition? What condition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3c. Please list all prescription medications you will bring with you, including birth control:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3d. Are you allergic to any medication? ☐ No ☐ Yes (please explain)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4a. Do you have up-to-date immunizations for your study abroad semester? ☐ No ☐ Yes**

**4b. TB (Tuberculosis) Skin Test Result \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **HIV Test Result \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\*These results are mandatory only for those going to China because of visa requirements. This test should not be older than three months when applying for your visa. Make sure that an official statement on letterhead signed by the physician is included with your results.**

**5a. Please list any dietary restrictions/preferences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5b. Please list any allergies, food or other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Have you ever been or are you currently being treated by a psychologist or other mental health practitioner for any of the following (please provide additional information as accurately as possible):**

 **☐ Depression ☐ Family concerns ☐ Separation anxiety**

 **☐ Anxiety ☐ Drug addiction or abuse ☐ Sleep disturbances**

 **☐ Bulimia ☐ Alcohol addiction or abuse ☐ Anorexia**

 **☐ Panic disorder ☐ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Do you have any learning disabilities or physical impairments?**

**☐ No ☐ Yes (explain)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Note: You should consult the Director of Disability Services if you require reasonable accommodation in order to complete the requirements of the program.***

**8. Are you pregnant or do you have any reason to suspect that you might be?**

 **☐ No ☐ Yes (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Is there anything else about your health or medical history that may be a factor should there be an emergency?**

 **☐ No ☐ Yes (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Health Care Provider (to be used in an emergency situation only):**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mental Health Care Provider (if applicable, to be used in an emergency situation only):**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that medical providers will rely on the information provided in this form in the case of an emergency that involves my well-being and I understand that providing inaccurate or incomplete information may impact medical treatment provided to me. I understand that I should notify Elizabethtown College of any change in my physical or mental health that occurs after submitting this form. I authorize the release of this information to health care providers abroad in emergency situations, at the discretion of Elizabethtown College.

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bottom of Form