

Student Name: \_\_\_\_\_  
(Print: Last Name, First Name)

**CONSENT FOR MEDICAL TREATMENT  
SAMFORD UNIVERSITY INTERNATIONAL STUDIES**

Enter the program location, course number or title of the course you are applying for:

Program \_\_\_\_\_ Internship (If applicable): \_\_\_\_\_

Term/Year: Summer \_\_\_\_\_ Fall \_\_\_\_\_ Jan Term \_\_\_\_\_ Spring \_\_\_\_\_

**In the event of illness or injury requiring immediate medical attention, representatives of Samford University have my permission, consent, and authority to take whatever action is deemed by them to be appropriate under the circumstances to provide medical treatment for the individual named below, including, but not limited to the following: Administer first aid, obtain services of a physician, admit to a hospital, consent to surgery, consent to blood transfusion, perform any other medical treatment that appears necessary.**

Full Name of student (type or print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (please circle): M F

SIGNED this the \_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Signature of parent, or student if over 21 years of age, married, has dependents, or is a veteran.

**Please answer the following questions completely bearing in mind that this information may be useful in the event of a medical emergency:**

Do you have any health problems that your accompanying professors or an attending physician should know about? Include any allergies to medicines or substances.

Do you take any medication on a regular basis? If so, please identify the name of the medication and what you are taking it for.

All Samford University study abroad programs include a student insurance policy provided by Cultural Insurance Services International. See the brochure provided in your program packet. You may also view the CISI coverage for Americans studying overseas at <http://www.samford.edu/international.html>