



# STUDENT HEALTH/EMERGENCY TREATMENT AUTHORIZATION

Office of Study Abroad – 109 International Center – East Lansing, MI 48824-1035

Congratulations on your acceptance into an MSU-sponsored study abroad program. We want to help make this a safe and healthy experience. The purpose of this form is to help the Office of Study Abroad and the University Physician provide appropriate assistance to you should the need arise during your study abroad experience.

It is important that we be aware of any medical problems (past or current), including mental health conditions, which might affect your ability to participate in an MSU study abroad program. This information will be kept confidential in accordance with the law. Any disclosure of such information will be made only to appropriate individuals, and handled with the highest level of discretion in order to protect student privacy. Relevant information will be shared with program staff, leaders, or appropriate professionals as it relates to your health and safety. Failure to disclose significant health issues may result in dismissal from the program.

Health tests may be required prior to departure in certain circumstances.

Name: \_\_\_\_\_ MSU PID #: \_\_\_\_\_  
Last First

Sex:  F  M Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Citizenship: \_\_\_\_\_  
Month/Date/Year

E-mail address: \_\_\_\_\_

Current address: \_\_\_\_\_  
Street address City State Zip

Local phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Name of the study abroad program: \_\_\_\_\_

Country/countries of the program: \_\_\_\_\_

Exact dates of the program (e.g. 9/2/08 to 12/20/08): \_\_\_\_\_

This information is required to coordinate treatment in the event of a medical emergency. **Answer "N/A" if not applicable**

## ALLERGIES

Medication allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_ Treatment, if exposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food or environmental allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_ Treatment, if exposed: \_\_\_\_\_  
*(foods, dust, chemicals, household items, pollen, bee stings, etc.)*  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: If you have **dietary restrictions or limitations**, we strongly recommend you discuss them with your program leader or the Office of Study Abroad Coordinator.

## MEDICATIONS

Please list any medicines you are taking on a daily, regular, or as needed basis and indicate how often and why each medicine is taken. (See "Health Recommendations and Information" in the Study Abroad Student Handbook for information regarding transportation and use of your medication abroad.)

Name of Medication: \_\_\_\_\_ How often taken: \_\_\_\_\_ For what condition?: \_\_\_\_\_ Length of time treated (approx.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Participants must bring an adequate supply of medications that are required on a daily or routine basis, in their original bottles, when traveling abroad. We suggest you bring a copy of all prescriptions while traveling.

## ADDITIONAL HEALTH CONDITIONS

Do you have any additional health conditions other than those previously listed (such as surgeries, hospitalizations, significant injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your experience or may affect your participation in this program?

Yes  No

If yes, you are advised to consult with your health care provider. Please supply an explanation below:

<u>Condition(s)</u>	<u>How often do you have symptoms?</u>	<u>Plan for managing this condition while traveling</u>
_____		
_____		
_____		

## DISABILITIES

Are you registered with the Resource Center for Persons with Disabilities (RCPD)? (If you think you may be eligible, contact RCPD at (517) 353-9642.)

Yes

*(If yes, please discuss your plans to study abroad with your RCPD specialist so you might increase your options abroad.)*

No

Do you have a disability that will require accommodations while abroad?

Yes

*(If yes, you must register with RCPD and meet with RCPD staff to complete a "Study Abroad Disability Accommodation Request Form." This must be done in a reasonable timeframe so as to allow for satisfactory evaluation of the requested accommodation and adequate time to implement the accommodation, if any. If you do not disclose your disability or request accommodations in a timely manner, MSU may not be able to assess and accommodate your needs.) More time, ideally one year in advance of your departure, is needed for more significant accommodation requests.*

No

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## HEALTH AND EMERGENCY AGREEMENT

I authorize the release of information contained in this *Student Health/Emergency Treatment Authorization* form for access and review by the MSU Office of Study Abroad Acting Director, International Analyst for Travel Health, Safety and Security, the appropriate health professionals in the MSU Travel Clinic, and the insurance provider. I understand this form will be kept at the MSU Travel Clinic. I understand that if I have not turned in this form in a timely manner, there may be insufficient time for the MSU Travel Clinic to review this information. If further medical information is required, I understand that I will be contacted by a health care professional in the MSU Travel Clinic who will ask for a specific release to my treating health care professional(s), and/or clarify medical information with me directly. I understand that if this information is pertinent to my health and safety abroad, it may be discussed in a confidential manner with the MSU Office of Study Abroad program coordinator, the program leader, host family, and the host institution's resident director, and I will be informed of this communication.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize Michigan State University, through its representatives, to secure any necessary treatment. In some cases, access to medical care may be more than 24 hours away and services may be limited. If coverage is not provided through the MSU Study Abroad insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse Michigan State University or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency abroad, Michigan State University may notify my emergency contacts listed on the Study Abroad Application.

I certify that all responses made on this form are complete, true and accurate, and I understand that if there are any changes in my health status, I will complete and submit an updated *Student Health/Emergency Treatment Authorization*. I understand that if I withhold information on this form I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand that participation in this study abroad program is contingent on receipt by the MSU Office of Study Abroad of this completed and signed form.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions regarding medical problems, immunization requirements, or other health issues, call the MSU Travel Clinic at 353-3161 at least 45 days prior to departure.**



# DECISION FORM

Office of Study Abroad – 109 International Center – East Lansing, MI 48824-1035

Complete one of the following steps **within two weeks of the date of your acceptance letter** (NOT the date you receive this letter). If the Office of Study Abroad has not received these forms within two weeks, it will be assumed you are no longer interested and you will be dropped from the program. The \$100 application fee will remain on your account.

1. If you wish to **accept admission**, complete and return this form along with the *Statement of Responsibility* and the *Student Health/Emergency Treatment Authorization* to the Office of Study Abroad. Upon doing so, you will be billed for a \$200 deposit (if applicable) that is applied to the cost of your program.
2. If you wish to **withdraw** from the program, complete, sign and return this form to the Office of Study Abroad.
3. If you wish to **transfer** your application, complete, sign and return this form to the Office of Study Abroad

Name: \_\_\_\_\_ PID: \_\_\_\_\_

Name of study abroad program: \_\_\_\_\_

Country(ies) of program: \_\_\_\_\_ Semester/term and year of program: \_\_\_\_\_

**I ACCEPT** my admission to the above Michigan State University study abroad program. I have received an acceptance packet from the MSU Office of Study Abroad and have completed the enclosed *Statement of Responsibility* and *Student Health/Emergency Treatment Authorization* to secure my place in the program. If my acceptance is more than one year in advance, I agree to submit a new Student Health/Emergency Treatment Authorization within one year of my scheduled program departure.

If I should decide to withdraw and fail to submit any written notification of my withdrawal and/or fail to show up at the program site, I understand I will be financially responsible for the entire program fee.

If I withdraw or transfer from the program after accepting admission, I understand that notifying the program leader is not sufficient and that I must submit written notice to the Office of Study Abroad. If my written notice of withdrawal or transfer is received at the Office of Study Abroad:

- **More than 8 weeks before** the program's first day, I will be financially responsible for the \$100 application fee and \$200 deposit (if applicable) if completely withdrawing from study abroad; if I am transferring my application, I understand the \$100 application fee will be transferred only once to an alternate program and I will be financially responsible for the \$200 deposit (if applicable).
- **Less than 8 weeks before** the program's first day, I will be financially responsible for the \$100 application fee and \$200 deposit or any non-recoverable costs incurred and/or committed by MSU and its affiliates on my behalf at the time of my withdrawal (whichever is more).
- **After the program's first day**, I will be financially responsible for the entire program fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I WITHDRAW** from the above Michigan State University study abroad program. I understand that the \$100 application fee is refundable if this withdrawal is submitted before acceptance or within the two-week period after the date of the acceptance letter. If I have accepted admission into a program, I understand that the \$100 application fee and the \$200 deposit (if applicable) are non-refundable and I am financially responsible for my program fee according to the schedule indicated above. I understand it is my responsibility to withdraw from my study abroad courses.

Did you apply for MSU financial aid for this program?  Yes  No  
(If yes, the Office of Study Abroad will notify the MSU Office of Financial Aid of this cancellation and your award will be adjusted accordingly.)

Reason for cancellation:  
 Financial  Safety  Family  Academic  Accepted into another program  Medical  No longer eligible  Other:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I WISH TO TRANSFER\* MY APPLICATION** from the above Michigan State University study abroad program to the program indicated below. I understand and agree that the \$100 application fee will be transferred only once, to the program indicated below. If I have accepted admission into the original program, I understand the \$200 deposit (if applicable) is non-refundable and non-transferable. I understand I will be financially responsible for my program fee according to the schedule indicated above. I understand if I am an MSU student, it is my responsibility to adjust my study abroad course enrollment (The Office of Study Abroad will cancel course enrollment and re-enroll non-MSU students once a Course Enrollment Form has been submitted for the new program). I understand that if any information on my health form has changed since I submitted my original application, I will re-submit a new health form.

Name of program transferring to: \_\_\_\_\_

Semester and year transferring to: \_\_\_\_\_

Did you apply for MSU financial aid for your original program?  Yes  No  
(If yes, the Office of Study Abroad will notify the MSU Office of Financial Aid of this transfer and your award will be adjusted accordingly.)

Reason for Transfer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE: Freshman Seminar Abroad applicants may NOT transfer their application.



# STATEMENT OF RESPONSIBILITY

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I, \_\_\_\_\_, have been accepted to participate in an MSU study abroad program. I accept my admission to the program and agree to abide by the following statement of responsibilities:

- 1. Alcohol and Drugs.** As a participant in an MSU study abroad program, I must abide by host country laws and local institutional regulations with respect to alcohol and other drugs. Unless permitted by host country law and local institutional regulations, I will not possess, consume, furnish, or distribute any alcoholic beverages. Further, I understand that Michigan State University has a zero-tolerance policy with respect to the possession, use, manufacture, production, sale, exchange, or distribution of illegal drugs. I am responsible for knowing and obeying the laws of the host country, as well as all local institutional regulations, regarding alcohol and other drugs. I understand that violations of law or policy may result in (i) immediate dismissal from the program; (ii) academic withdrawal from the University for the semester in progress; and (iii) disciplinary action upon my return to campus.
- 2. University Policies.** I must abide by Michigan State University policies, including the MSU General Student Regulations, while enrolled in the program and I may be subject to disciplinary action for violations of those policies upon my return to campus.
- 3. Host Country Customs.** I will abide by the laws and customs of my host country, community, institution and program. I know that I need to be sensitive to the social mores of the host culture. I am also subject to the disciplinary codes and processes of the host institution.
- 4. Dismissal.** If I seriously disrupt the group learning process, or if my behavior gives the program director reasonable cause to believe that my continued presence in the program poses a danger to the health or safety of persons or property, or impedes, disrupts or obstructs the program in any way, I will face immediate dismissal. Alcohol, drug and weapons related violations, assault, and sexual or racial harassment are so seriously problematic that dismissal is highly likely. For lesser infractions, the disciplinary procedure described in the "Disciplinary Withdrawal" section of the *Study Abroad Student Handbook* (available at <http://studyabroad.msu.edu/abcs/index.html>) will apply. Before I may be removed from the program, I will have an opportunity to explain my conduct to the program director(s). A decision to dismiss me from the program would be final and no refund would be made. Transportation back to the United States would be at my own expense. (Only applicable to MSU-sponsored study abroad programs.)
- 5. Travel Arrangements.** The University may make changes to the program itinerary, including cancellation, at any time and for any reason. I will be responsible for any loss due to such cancellation or change. The University is not responsible for penalties assessed by air carriers or any other associated costs based on operational and/or itinerary changes. If I travel independently and arrive after the start of the program, I will notify my program leader or Office of Study Abroad personnel and am responsible for all academic consequences such as lost class time and assignments. I must confirm departure and arrival times and locations with my program leader. My property is transported at my risk. The University is not responsible for travel delays and hassles. I will notify my program leader or on-site personnel of my itinerary whenever I leave the site for longer than one day. The University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated from any University-sponsored activities. If I become separated from the program group, for any reason, I will rejoin, at my own expense, the group at the first opportunity. The University may substitute hotel accommodations or housing at any time. Specific room and housing assignments are within the University's sole discretion. (Only applicable to MSU-sponsored study abroad programs.)
- 6. Spouses/Partners and Children.** The University is not responsible for providing support for accompanying non-participants, i.e., spouses/partners and children. I must obtain overseas health insurance for any accompanying non-participants. Such persons cannot attend classes or other activities formally associated with the program. If such a person disrupts the program, it may be grounds for my dismissal.
- 7. Health.** I will be responsible for my own health maintenance. In the event of serious illness, accident or emergency, I will inform an appropriate program official so that assistance may be secured and so that my designated emergency contact may be notified.
- 8. Fees.** I will be responsible for the non-refundable application fee. I understand that my withdrawal after submitting the *Decision Form* indicating my acceptance of admission may be very costly, and that my failing to turn in all completed acceptance materials and payments in a timely manner may result in my removal from the program. (Only applicable to MSU-sponsored study abroad programs.)
- 9. Withdrawal/Transfer\*.** If I withdraw or transfer from the program after accepting admission, I understand that notifying the program leader is not sufficient and that I must submit written notice to the Office of Study Abroad. If my written notice of withdrawal or transfer is received at the Office of Study Abroad more than 8 weeks before the program's first day, I will be financially responsible for the \$100 application fee and \$200 deposit (if applicable) if completely withdrawing from study abroad; if

\* Freshman Seminar Abroad participants are not permitted to transfer their application

I am transferring my application, I understand the \$100 application fee will be transferred only once to an alternate program and I will be financially responsible for the \$200 deposit (if applicable). If I withdraw or transfer from the program after accepting admission and my written notice of withdrawal or transfer is received at the Office of Study Abroad less than 8 weeks before the program's first day, I will be financially responsible for the \$100 application fee and \$200 deposit or any non-recoverable costs incurred and/or committed by MSU and its affiliates on my behalf at the time of my withdrawal (whichever is more). After the program's first day, I will be financially responsible for the entire program fee.

If I withdraw or transfer, I will notify the Office of Study Abroad in writing. The date the *Decision Form* or written notification is received is the date by which the financial calculation will be determined. If a balance is due to the Office of Study Abroad at the time of withdrawal, I will pay MSU to cover expenses incurred to that point. If I should decide to withdraw and fail to submit any written notification of my withdrawal and/or fail to show up at the program site, I understand I will be financially responsible for the entire program fee.

If I withdraw from the program prior to the program's first day, I will be required to withdraw from my course(s)<sup>†</sup> and will receive a full refund of tuition and matriculation fees. If I withdraw after the program's first day, refunds for recoverable tuition and fees will be based on the University calendar, as stated in the *Study Abroad Student Handbook* (available at <http://studyabroad.msu.edu/abcs/index.html>).

If I am put on probation or recessed from the University after acceptance, it is my responsibility to withdraw from my program.

10. **Credit for Non-MSU Students.** If I am a non-MSU student and participate in a faculty-led program, I understand MSU will issue the transcript. If I am a non-MSU student and participate in a co-sponsored program, I understand that MSU will not issue a transcript. I am responsible for ascertaining whether and how my home institution will accept such credit directly from the institution abroad.
11. **Credit.** I will comply with the MSU Office of Study Abroad course credit requirements and with MSU's academic policies and procedures. I will maintain enrollment for the duration of the program in the specified courses for at least 12 credits (MSU credits or equivalent MSU credits) for a semester program (unless the particular program requires more) or the minimum number of credits specified for my short-term program. I understand the only exceptions to this policy are enrollments for graduating seniors *who are abroad during their final semester* and graduate students who are participating in programs requiring more than three credits. These students must take at least one of the regularly offered program courses and no less than three credits. Doctoral dissertation credits cannot substitute for program credits. If I fail to enroll (or fail to remain enrolled) for the minimum number of credits, I may be dismissed from the program and/or I will be billed and responsible for paying an additional program fee. Even if I pay this additional fee after completion of the program, I cannot be retroactively enrolled in my desired courses.

If I miss a substantial portion of the program, for whatever reason, the amount of credit awarded will be determined at the program leader's discretion. If I withdraw, depart or am dismissed from a program before its formal completion, I may be ineligible for academic credit. Should I receive permission to return home early, I may be eligible to receive a grade of "W" on my academic transcript. Any refund of tuition and fees would be according to the policy stated on the MSU Office of the Registrar Web site (<http://www.reg.msu.edu/>). (Only applicable to MSU-sponsored study abroad programs.)

I understand that if I participate in certain co-sponsored programs, I must enroll in and will be financially responsible for paying tuition for the minimum number of credits and will not receive a refund if I enroll in fewer credits. I understand that there are **no exceptions** to this policy for graduating seniors who are abroad during their final semester or graduate students who participate in such co-sponsored programs.

12. **Waiver.** In the case of an emergency in which I cannot be reached, I authorize U.S. Embassies and Consulates to release information concerning my welfare and whereabouts to Michigan State University. In authorizing this release of information, I hereby waive 5 USC Section 522 (b) (8).
13. **Release of Claims and Indemnity.** For myself and all those who may claim through me, I release the University (and its employees and representatives) from liability for all injuries, illnesses, and losses, including death, I may sustain to my person and/or property, which are in any way connected to my program participation, except as regards any claim of "gross negligence" that is actionable under Michigan's Governmental Tort Liability Act. I further agree to defend and hold the University harmless with respect to any loss, claim or expense it may sustain by reason of my behavior as a program participant.
14. **Governing Law.** Any dispute arising from this Statement will be determined according to Michigan law.

**In signing this document I acknowledge that I have had an opportunity to ask any questions I have about it, that I have read and understand it, that I accept its terms, and that I have signed it knowingly and voluntarily.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if participant is under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

<sup>†</sup> Freshman Seminar Abroad participants will not need to withdraw from their FSA course; OSA will do this on their behalf