



Due date: _____

Intercultural Programs

Health History, Medical Permission & Emergency Information

INTERCULTURAL PROGRAM LOCATION _____ **TERM/YEAR** _____

PERSONAL INFORMATION

Student Name: _____ Birth date: _____ Age: _____

School Address: _____ Phone: _____ EMU ID #: _____

Parent/Guardian Name(s): _____

Parent E-Mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Emergency Contact Phone: _____ Secondary Phone: _____

In case of emergency, alternate contact (if no answer above):

Name: _____ Relationship: _____ Phone: _____

INSURANCE INFORMATION*

Insurance Company: _____

Policy/Subscriber #: _____ Group #: _____

***Students traveling outside the US must have coverage under the EMU Student health plan with the added travel plan, or document comparable coverage for both travel and health insurance. Submit copy of card with this form. Submit documentation of required immunizations to EMU Health Services.**

HEALTH INFORMATION

Physician Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

This form kept on file in Intercultural Programs. Upon completion of the seminar, students may request removal of these files.

HEALTH HISTORY and CURRENT HEALTH STATUS

Please answer all questions accurately as possible. Use additional paper if needed. The information you provide below is confidential, to be reviewed only by leaders and Health Center staff.			
1. Allergies (be specific)	Yes	No	List:
• Foods (including nuts)			
• Medications (list)			
• Environment (grass, dust, mold, etc.)			
• Insect bites or stings			
2. Have you ever been evaluated or treated for:			
• Head injury or concussion			
• Substance abuse (including drugs, alcohol, marijuana, etc.)			
• Eating disorder or digestive issues			
• Depression, anxiety and other mental health diagnosis			
• Neck, back or other joint problems or injuries			
• Epilepsy or convulsions			
• Recurrent kidney or bladder infections			
• Unrepaired Hernia			
• Appendicitis			
• Heart issues or high blood pressure			
• Skin problems (i.e. eczema, psoriasis, fungus)			
• Endocrine issues (diabetes, thyroid etc.)			
• Autoimmune disorder			
4. Do you have a health condition that limits your physical abilities?			
5. Are you under the care of a counselor, psychologist or psychiatrist?			
6. Are you seeing a Physician/Nurse Practitioner on a regular basis? If yes, condition and type of treatment.			
7. List all current medications or supplements.			

Please read and sign. If you are under 21 a parent or guardian also needs to sign.

I/we understand that information withheld or incomplete relieves EMU from all medical and legal liability and may also disqualify me from participation in this intercultural experience. I understand EMU reserves the option to dismiss a student whose mental or physical health requires care or supervision which cannot be adequately provided on site with the seminar group.

I/we authorize the release and exchange of physical and mental health information including record of immunizations as may be pertinent to participation in this intercultural experience between the EMU Health Center, EMU Counseling Services, the faculty leaders and the EMU Intercultural office.

In the event of sickness or injury of my daughter/son/ward/spouse/self, I/we hereby authorize the EMU intercultural leader to secure whatever treatment is deemed necessary, including the administration of an anesthetic and surgery or similar invasive procedure.

I/we accept full financial responsibility for any medical costs, not covered by insurance, incurred during the intercultural program.

Student signature

Date

Parent/guardian signature

Date