



**Medical Consent and Emergency Contact Form**

All information provided is private and confidential. Please inform the faculty leader if any changes to this form need to be made prior to departure.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Program \_\_\_\_\_ Program Dates \_\_\_\_\_

I, \_\_\_\_\_ authorize the Faculty Leaders,  
\_\_\_\_\_ and \_\_\_\_\_,

leading the West Texas A&M University Study Abroad program and the following person(s) to use this information and their best judgment in obtaining necessary medical attention for me in the event of a medical emergency in which I am unable to respond.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Cell Phone/Other: \_\_\_\_\_

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

Please answer the following health questions to the best of your knowledge. If you answer yes to any of the questions, please supply details. You may use the reverse side if necessary.

1. Do you have a medical and/or emotional condition that the faculty leader should be aware of?

**Check One**  
Yes No

2. Are you currently taking any medications (prescription and non-prescription)?

Yes No

3. Do you have allergies to medication, food, insects, etc.? How do you react?

Yes No

4. Do you have special concerns or needs that may require advance arrangements?

Yes No

State Law requires that you be informed of the following: (1) You are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) You are entitled to receive and review that information; and (3) You are entitled to have the information corrected at no charge to you.