

## 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 faculty leader, the NMU Office of Continuing Education and the appropriate health professionals in the NMU Health Center. I understand that if I have not turned in this form in a timely manner, there may be insufficient time for the NMU Health Center to review this information. If further medical information is required, I understand that I will be contacted by a health care professional in the NMU Health Center 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 NMU Office of Continuing Education program coordinator, the NMU program leader, and the host institution's resident director.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize Northern Michigan University, through its representatives, to secure any necessary treatment. If coverage is not provided through the NMU Study Abroad insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse Northern Michigan 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, Northern Michigan University may notify my emergency contact 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 I understand that if I withhold information on this form I could be withdrawn from the program.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 NMU Office of Study Abroad of this completed and signed form.

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

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