

**Central State University**  
**Participant Health Statement & Emergency Contact Form**

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

International Travel Program/Destination:  
\_\_\_\_\_

Program Director:  
\_\_\_\_\_

**First Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ City: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Second Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any medications you will be taking while you traveling and what medical condition they are treating:

1. \_\_\_\_\_
2. \_\_\_\_\_

If you have any physical disabilities or impairments which might cause hardship through change in diet, carrying luggage, strenuous travel, or might affect participation in an overseas program, please list them here:

\_\_\_\_\_

If you are currently undergoing treatment for any reason, please explain here: \_\_\_\_\_

\_\_\_\_\_

If you have any allergies, please list them here:

\_\_\_\_\_

Are you pregnant, or do you have any reason to suspect that you might be? YES \_\_\_\_\_ NO \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Insurance Policy ID #: \_\_\_\_\_ Your blood type: \_\_\_\_\_  
Phone/Contact Information for Provider: \_\_\_\_\_

*I certify that the information on this Health Statement is true and correct, and I will notify the Central State University Program Director listed above of any relevant changes in my state of health that occur prior to the start of, or during, the program. I agree that I am fully responsible to bring with me any medications or devices needed for my care during travel and I understand that I may or may not be able to obtain such medications or devices in the foreign country should I fail to bring them or lose them for any reason during travel. Photocopies of these statements and agreements shall be given the same consideration as the original.*

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

\_\_\_\_\_  
Parent or Guardian ( if student is under 18 years of age) Date