



Cross-cultural Programs

Health History, Medical Permission & Emergency Information

CROSS-CULTURAL LOCATION _____ **TERM/YEAR** _____

PERSONAL INFORMATION

Name: _____ Birth date: _____ Age: _____

School Address: _____ Phone: _____

Social Security Number: _____ EMU ID #: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

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

Relationship: _____ Phone: _____

INSURANCE INFORMATION

Insurance Company: _____

Policy/Subscriber #: _____ Group #: _____

HEALTH INFORMATION

Physician Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

*Be sure to attach a photocopy of insurance card

HEALTH HISTORY

Have you ever had or do you now have any of the following?

1. Yes No Head Injury (concussion, skull fracture) _____
2. Yes No Uncorrected hearing/sight problems _____
3. Yes No Fainting spells/Convulsions/Epilepsy _____
4. Yes No Neck or Back Injury _____
5. Yes No Asthma _____
6. Yes No High Blood Pressure/Abnormal EKG/
Coronary Heart Disease/ Other Heart
Problems _____
7. Yes No Kidney Problems/Bladder Infections _____
8. Yes No Hernia _____
9. Yes No Diabetes _____
10. Yes No Eating Disorder _____
11. Yes No Allergies _____
12. Yes No Depression _____
13. Yes No I am currently under the care of a physician
If yes, condition and type of treatment: _____
14. Yes No I am currently taking a prescription drug
If yes, name of drug and condition being treated: _____
15. Yes No I have been under the care of a counselor, psychologist or other psychiatrist in the past.
If yes, are you willing to release information which is pertinent to your participation in a
cross-cultural semester or summer seminar? Yes No

Please read carefully and sign:

In the event of sickness or injury of my daughter/ son/ ward/ spouse/ self, _____ (name of student), I hereby authorize the EMU Cross-cultural 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 cross-cultural program.

The above information is true as represented to the best of my knowledge.

student signature

date

parent/guardian signature

date

*Any student under 21 must have both student and parent/guardian signatures on this form.