



LYNCHBURG
C O L L E G E EST. 1903

Student Program Forms



Documents Enclosed:

Document Request Form

Insurance Confirmation & Medical Information Form

DOCUMENTS DUE: January 25, 2010

**Deliver these forms with your \$300 deposit (non-refundable), payable to AustraLearn,
to Professor Rothermel, Daura Gallery, Lynchburg College**

AustraLearn
Custom Designed Short Course – Lynchburg College
Student Medical Information Form

PARTICIPANT NAME (Please print): _____

MEDICAL INFORMATION:

The purpose of this form is to help maximize assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. We ask that you voluntarily share information, as it is important that the program be made aware of any medical or emotional needs, past or current, which might affect you in a foreign study context. The information provided will remain confidential. It will not be shared with the overseas or program personnel unless you authorize us to do so, unless there is an emergency, which threatens your well-being. Sharing this information is voluntary and will not affect your admission into the program.

1. Are there any circumstances that would limit your ability to fully participate in any aspects of the study abroad program? Examples may include any physical restrictions or medical needs. **Y N**
2. Are you currently taking medication? **Y N**
3. Do you have any allergies, especially to food or medications, or dietary restrictions? **Y N**
4. Are there any special health or medical needs, which you anticipate while you are overseas? **Y N**
5. Please mention any other information relevant to your health, which may you would like to share with us. **Y N**

If you answered yes to any of these questions, please attach a separate page e describing the circumstances, the limitation, the treatment you receive, and any other information you wish to include.

If you require any accommodation for a disability during your study abroad program, please contact your short course leader immediately.

I certify that all responses made on this form are true and accurate, and I will notify my short course leader hereafter of any relevant changes in my health that occur prior to the start of the program. I authorize the course leader to share this information with overseas or program sponsor personnel.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

EMERGENCY CONSENT & SIGNATURE:

I hereby give my consent to the participating institutions/program providers to refer me to appropriate medical staff in case of extreme medical emergency when physically unable to give such consent or when a delay in obtaining such consent could constitute a serious risk of life.

PARTICIPANT SIGNATURE: _____ **DATE:** _____
