HEALTH AND EMERGENCY TREATMENT AUTHORIZATION

Printed name	Date of Birth (mm/dd/yy)	JMU ID No

Program	Session

Listed below reflects authorization previously given on the *Statement of Intent to Participate* form:

A. **Authorization:** In the event of illness or injury to me, I authorize any official representative(s) of the program to secure medical treatment on my behalf, including surgery and the administration of an anesthetic and to provide any health information as appropriate.

B. **Financial responsibility:** I accept all financial responsibility for medical treatment in the event of illness or injury.

C. **Insurance Certification Statement:** I hereby certify that I am covered with health insurance which I have determined to be adequate and satisfactory for any injury or illness that might befall me while I am participating in a JMU study abroad program. I acknowledge that JMU and its representatives have not made any representations to me concerning the adequacy of my health insurance. I further acknowledge that it is my sole responsibility to ensure that my health insurance coverage is adequate for my needs.

D. **Disability Accommodations:** I accept the responsibility for registering with the Office of Disability Services to determine eligibility for services and accommodations related to disabilities, if appropriate; and further, I understand that an Access Plan outlining my accommodations should be submitted to the Office of International Programs at least sixty (60) days before the program commencement date in order to assess and determine the ability of the university to provide a reasonable accommodation. *(JMU Office of Disability Services, Wilson Hall, Room 107, 568-6705.)*

E. **In case of an emergency, please contact** *(give at least 2 numbers)*:

Names & Relationship	Telephone Numbers	*Daytime*	*Evening*	*Other*	Email Address
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	

F. **Optional:** Name and phone number of physician(s) to contact in case of emergency.

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G. **Optional:** Information related to medical conditions and treatment may be attached on a separate sheet. Such material will be kept in a secure file for the duration of the program and destroyed at the end of the term.