

SUMMER INSTITUTE IN URBINO, ITALY

HEALTH INSURANCE AND EMERGENCY CONTACT INFORMATION (H1)

Participant's Name: _____ SSN: _____ - _____ - _____

In case of emergency, I hereby authorize the Summer Institute in Urbino, Italy, A.C.C.I. Inc. to notify the following people in the event of injury, emergency, accident, illness, incarceration or dismissal: (please supply two contacts)

1. Name _____ Relationship to participant: _____

Home phone () _____ Work phone () _____ Cell phone () _____

2. Name _____ Relationship to participant: _____

Home phone () _____ Work phone () _____ Cell phone () _____

If the student should become seriously ill or injured while abroad, I/we hereby authorize the program coordinator to secure the necessary emergency treatment, including the administration of an anesthetic and/or surgery, and I authorize the Summer Institute of Urbino, Italy; A.C.C.I. Inc. to release my medical records to the program coordinator and director.

Do you have any medical problems, including physical disabilities, we should be aware of? _____

Are you taking medication? Yes No If so, what are you taking? _____

Do you have any allergies to any medications? Yes No Please List: _____

NOTICE OF HEALTH INSURANCE: Health Insurance is a mandatory requirement for enrollment in this program. Please check with your insurance company to be certain you are covered while traveling and overseas. If you are enrolled at a college or university, check to see if your insurance covers you while traveling and overseas. If you do not have insurance coverage you can purchase a health coverage plan for the time period in which this program runs. **You are required to obtain an International Student Identification Card, (ISIC), which also may include an insurance policy.** Please consult with ISIC for their insurance coverage. (*See Student Life>Travel Tips on Website for more details*). Contact the program coordinator for more information.

Do you have health insurance? Yes No Insurance Company: _____

Policy Number: _____ Address: _____

Telephone Number: () _____

You must have supplemental coverage providing for at least \$25,000 for medical evacuation and \$75,000 for the repatriation of remains. What supplemental insurance plan do you carry? *Please consult with ISIC for their coverage. See Student Life>Travel Tips on Website for more details.*

Insurance Company: _____ Telephone Number: () _____

Please attach:

1. A copy of your Insurance Card
2. A copy of your International Student Identification Card (ISIC),
(see “*Student Life>Travel Tips*” on website for more details)

This portion is to be completed by a medical doctor:

I have examined _____ and find that he/she is in good physical health and can undertake strenuous travel in Europe.

Remarks:

Name of Doctor: _____ Address of Doctor: _____

Signature of Doctor: _____

Date of Examination _____ Telephone of Doctor: () _____

Participant's Signature _____ Date: _____