



LIABILITY RELEASE FORM

NAME: _____

PROGRAM: _____ **LOCATION:** _____

Year: 20 _____ **Fall** _____ **Spring** _____ **Summer** _____ **Jan Term** _____ **Other** _____

Student and Parent or Legal Guardian:

We recognize that participation in this program is voluntary, that the College is not present during the student's participation in the program, that the program takes place in a foreign country, and that there are inherent risks and obligations that program participants must assume. We further recognize that the College makes no representation about the safety of particular sites or living arrangements, and students choosing to go on the program are urged to evaluate the particular circumstances surrounding the program. If the Department of State has issued formal travel advisories for the locale of the Program, we will give careful consideration to the dangers recognized by such an advisory.

We assume full responsibility for all financial and other legal obligations incurred by the student as a result of the student's participation in and actions during or collateral to the program. We recognize that the College assumes no liability or responsibility, and we hereby release the College and its agents from all liability or responsibility for any injury, damage, or loss caused to or by the student in connection with the student's participation in the program, including but not limited to all activities and travel the student may undertake during the program and collateral to the program.

We acknowledge that the student will be required to obey and comply with all laws of any foreign countries that the student may visit, including but not limited to laws pertaining to alcoholic beverages, marijuana, and other illegal substances. McDaniel College does not assume any responsibility or liability of any kind for the student's commission of any illegal act.

While on the program, the student is expected to abide by all rules and policies of the program and the McDaniel College Handbook. We understand that the student can be dismissed at the discretion of the program director for violation of these policies at any time during the trip and for behavior and conduct that is a threat to the student and to others. Travel expenses as a result of dismissal will be the responsibility of the student.

Student's Signature *Date*

Parent's or Legal Guardian's Signature *Date*

Address: _____



**International and Off-Campus Study
REVIEW OF STUDENT RECORDS FORM**

STUDENT: _____

PROGRAM: _____ **Jan term: Treasures of central Europe (IDS 1142-01)** _____

LOCATION: _____ **Off Campus, Germany, Austria, Hungary, Czech Republic** _____

Year: 2008 Fall _____ Spring _____ Summer _____ Jan Term X Other _____

Participation in study abroad is not a right; it is a privilege and a responsibility. Your application for study abroad is not complete and cannot be approved until you have carefully reviewed all of the materials below, discussed them with your parents or guardian, and signed the form where indicated.

AUTHORIZATION TO REVIEW STUDENT RECORDS

N.B. Students who are currently on disciplinary probation and students who have been found responsible for an Honor Code violation during the application process prior to going abroad may not apply for study abroad.

I authorize members of the College's administration to review my student records. I understand that they may share information, as appropriate, with those directing and leading this off-campus program. I understand that the College has the right to restrict my participation in a program where there are concerns regarding my behavioral history or my health, safety and security on the program.

Student's Signature **Date**



For Administrative Use:

Student Affairs Representative's Signature **Date**

Comments:



Jan Term Health Information Form

Please read carefully and complete the appropriate information. The information you provide will remain strictly confidential and will be shared with program staff or appropriate professionals only in case of emergency and as pertinent to your well-being.

Name: _____

Program: _____ Term and Year off campus: _____

Birth date: _____ Student ID #: _____ Gender: M _____ F _____

The purpose of this form is to allow program staff to be as helpful as possible to you during your off-campus experience. It is extremely important that the faculty member leading a Jan Term, Spring Break or other Short Term program be informed of any medical or emotional problems, past or current, which might affect you in a study abroad context.

MEDICAL INFORMATION

1. Do you have any allergies:

Animals ___ yes ___ no Please specify _____

Foods ___ yes ___ no Please specify _____

Insects ___ yes ___ no Please specify _____

Medications ___ yes ___ no Please specify _____

Tobacco smoke ___ yes ___ no Please specify _____

Other ___ yes ___ no Please specify _____

2. If you answered yes to any allergies, do you have a medical regimen for dealing with those allergies? (such as medication, injections, avoidance of foods or animals, etc.) Please explain.

3. Have you had any of the following in the past five years:

Major Surgeries yes no Please specify _____
Injuries yes no Please specify _____
Diseases/Illnesses yes no Please specify _____
Hospitalizations yes no Please specify _____
Trauma yes no Please specify _____
Tetanus yes no Please specify _____

4. Are you regularly being followed by a clinician? Yes No
If so, how often?

For what conditions?

5. Are you currently taking medications or do you regularly take any?

Yes No

What medications do you take on an as needed basis?

Will you have enough of your prescribed medications available for the entire trip?

Yes No

If not, why not?

Are you taking any supplements? Yes No Please list them.

6. Are you on a special, restricted or medically prescribed diet?

Yes No If so, please explain.

Do you have an eating disorder? Yes No Please explain.

7. Have you been treated or are you currently being treated for any psychological or emotional disorders? _____ Yes _____ No Please explain.
8. What medical, physical or emotional conditions do you have that currently limit your activities?
9. Is there any additional information concerning medical, physical or emotional conditions that is important for the program to know about during an off-campus study experience? If you have any health problems, physical or learning disabilities, lifestyle preferences, dietary restrictions, or other concerns that may affect your off-campus experience, please explain.
10. A note from a clinician's office (primary care provider preferred) is required for any off-campus experience outside of the U.S., stating that the participant is healthy to travel, physically and emotionally. Your immunization record should also be reviewed and up-to-date, as needed, depending on travel destination. *Students may get a physical examination and certain immunizations at the College Health Services for a nominal fee.*
- a. _____ No additional immunizations are needed. In my opinion, student is able to travel abroad.
- b. _____ Student needs the following immunizations:
- c. _____ In my opinion, student is not able to travel abroad. Explain.

Clinician's Signature

Date:

HEALTH INSURANCE INFORMATION

I certify that I am covered by health and accident insurance that will provide coverage throughout the time period of my participation in activities connected with or collateral to the program, including expressly activities overseas and all transportation to and from the location(s) of such activities. Such insurance is provided by:

_____ The College’s Accident and Sickness Medical Plan

_____ Personal insurance plan

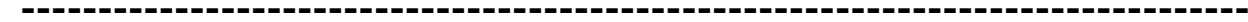
Insurance Company: _____

Policy Number: _____

I certify that all responses made on this Health Information Form are true and accurate. I will notify the program director of any changes in my health that occur prior to the start of the program. I further understand that, in the event of any emergency abroad, the program reserves the right to notify my parent(s) or guardian(s).

Printed name: _____

Student’s Signature: _____ *Date:* _____



PARENTAL PERMISSION TO TREAT MINORS (if under age 18):

I give permission for such diagnostic and therapeutic procedures as may be deemed necessary for my student and also to present information concerning his/her medical condition to responsible College officials when deemed desirable. No major operation will be performed, except in extreme emergency, without the parent or guardian being contacted and fully informed.

Printed name: _____

Signature of Parent or Guardian: _____ *Date:* _____



RELEASE OF MEDICAL INFORMATION AUTHORIZATION

In accordance with the standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following provides for the release of medical information to the appropriate listed personnel.

I authorize the release of medical information to or between the faculty leader of the Jan Term, the International Programs Office, the Office of Student Affairs, any outside medical consulting clinicians and my parents concerning injuries or illnesses relating to my participation in study abroad at McDaniel College.

Date: _____

Name (Print)

Student's Signature

Student ID #

Parent or Guardian (if under 18 years of age)