



Student Health & Emergency Treatment Authorization

This information is necessary in the event of a medical emergency. Please answer "N/A" if not applicable. For questions regarding medical issues, immunization requirements or other health issues, please call the HBU Health Clinic at 281-649-3643.

HBU H# _____

Course / Trip Title _____

Full Legal Name _____

Allergies: _____	
Medication Allergy	Reaction

Allergies: _____	
Environmental Allergy	Reaction

Note: If you have dietary restrictions or limitations, discuss these with your program leader prior to departure.

Medication(s): _____

Participants must bring adequate supply of all required medications, in original bottles, and bring a copy of all prescriptions while traveling.

Do you have a registered disability or additional health condition that will require accommodations while traveling? Yes No

If you have a registered disability, please meet with the director of disability services to complete an Accommodation Request. This must be done in a reasonable time frame so as to allow for satisfactory evaluation of the request and adequate time to implement the accommodation, if any. If you do not disclose your disability and / or request accommodations in a timely manner, HBU may not be able to assess and accommodate your needs. Contact Disability Services at (281) 649-3094 for eligibility questions. <https://hbu.edu/academics/academic-resources/academic-accommodation/policy-for-accommodations/>

HEALTH AND EMERGENCY AGREEMENT

I authorize the release of this *Student Health / Emergency Treatment Authorization* form information for review by those HBU officials deem necessary for my care while traveling with this program. In the event that I need emergency medical care, hospitalization, or surgery while participating in the Program, I authorize Houston Baptist University, through its representatives, to secure any necessary treatment. I understand that such treatment shall be solely at my expense, and I shall reimburse HBU or its representatives for any expenses that they might incur related to my condition or treatment. Further, in the event of any emergency abroad, HBU may notify my emergency contacts on file with the University. I certify that all responses made on this *Student Health / Emergency Treatment Authorization* form are complete, true and accurate, and I understand that if any changes in my health status occur, I will submit an updated form prior to travel in this program. I understand that if I withhold information on it, I could be withdrawn from the program. If I must return home prior to the completion of the scheduled trip for any health-related issue, I will be responsible for all incurred costs. I understand that participation in this program is contingent on the Office of the Provost's receipt of this completed and signed form.

Participant Signature: _____ Date: _____