

Voluntary Health Disclosure

In the event of any medical emergency (physical or mental), the student hereby grants to the University of Houston or any of its representatives on their abroad program the full authority to take actions deemed necessary to protect the student's physical or mental health and safety. Such actions will be at the student's own expense, including, but not limited to, placing the student under the care of a medical provider while overseas.

While full disclosure of medical information is not *required* it is *highly recommended*. Please note that **this information will be shared with the program's faculty leader or program provider** to be used in the event of an emergency. The student has the right not to disclose medical information, however it may hinder or prevent medical intervention on the part of the program's faculty leader in the event of an emergency.

The student is required to sign this form, either allowing Learning Abroad to share this information with the program's faculty leader or choosing not to disclose any medical information. Emergency contact information is required regardless. Any information included in this form will be kept confidential and will only be shared with university and medical entities as well as program providers (as necessary) on a need-to-know basis.

First and Last Name

Email Address

Emergency Contact Name

Emergency Contact Relationship to Student

Emergency Contact Phone Number

Emergency Contact Alternate Phone Number (if applicable)

Please choose one of the following options and sign and date below:

I allow Learning Abroad to share the information disclosed on this form with my program's faculty leader or program provider to be used in the event of a medical emergency. (Continue to next page)

I wish to not disclose any medical information to be shared with my program's faculty leader or program provider. I understand that this may hinder or prevent the program's faculty leader or program provider from making informed decisions regarding my health and well-being in the event of a medical emergency during the program abroad. I understand that the emergency contact information will be shared with my program's faculty leader or program provider.

Signature

Date

If you chose to allow Learning Abroad to share the information on this form with your program's faculty leader or program provider, please complete as much or as little as you wish for the program's faculty leader or program provider to have in the event of an emergency.

Please list any medications, prescribed or not prescribed, that you currently take, dosage (if applicable), and frequency (daily, as-needed, etc.). If not applicable or you do not wish to disclose, please write "N/A".

Please list any allergies you have (foods, medications, bees, etc.). If not applicable or you do not wish to disclose, please write "N/A".

Do you have any known medical conditions you believe the program's faculty leader or program provider should know about in the event of an emergency? If not applicable or you do not wish to disclose, please write "N/A".

Is there any other information about you that you believe your program's faculty leader or program provider should know in the event of an emergency? (What should or should not be done in the event of a particular emergency, etc.) If not applicable or you do not wish to disclose, please write N/A.