

**PRINT, COMPLETE, SIGN AND STUDENT SHOULD CARRY THIS DOCUMENT AT ALL TIMES WHEN ABROAD**

**PERMISSION FOR EMERGENCY TREATMENT** On rare occasions a student participating in an overseas study program faces a health emergency requiring hospitalization and emergency treatment. To prevent dangerous delay in such an emergency, the State University of New York strongly recommends that the student, if under 18 years of age, and his/her parent or guardian sign the following statement and that the student carry it on his/her person at all times while he/she is abroad:

In the event of an emergency, illness or injury affecting \_\_\_\_\_ (*Student's name*), born \_\_\_\_\_ (*Date*), the undersigned hereby authorizes immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician, including administering an anesthetic and performing necessary surgery.

Student's blood type \_\_\_\_\_ (*if known*)

Known allergies to medication \_\_\_\_\_.

Person to notify in case of emergency, illness or accident  
(Must be Parent/Guardian if student is under 18 years old)

Name/ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Abroad

Name/Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
*Student's Signature or Parent/Guardian Signature (if student is under 18 only)*

\_\_\_\_\_  
*Date*

