

MEDICAL, ACCIDENT INSURANCE, AND HEALTH INFORMATION FORM
Complete and Return to:

AMIGOS DEL SUR
Institute for Cultures, Languages & International Service
Attention: Dr. Andrés Lema-Hincapié

500 Logan Street, Apt. 32
Denver, CO 80203, USA
Telephone: (720) 536-5174
E-mail: andreslemah@yahoo.com

Dear Student:

We are eager to work with you so that health concerns do not become an obstacle to your full participation in *AMIGOS DEL SUR*. To that end, you *must* complete this form before you leave for Buenos Aires. It is rare that a student is seriously ill or injured during one of our trips; but it is important, for you and for us, to have certain information on hand:

- Family contact information, in case of emergency
- Insurance information, in case you need medical care (we suggest you take your insurance card on the trip)
- Basic information that will enable our staff to support your health-related needs

This information is confidential: Program staff will use this information only as necessary to support any care you may need. You should keep a copy of this form with you so that you have important information you may need. If you have any questions or concerns about health issues or this form, please talk with Professor Andrés Lema-Hincapié. Thank you very much for your cooperation.

Name of Participant: _____ Gender: F M

Date of Birth: _____ Emergency Contact: _____

Home Phone: _____ Emergency Phone: _____

Home Address: _____

Name of Insurance Company: _____

Subscriber of Policy: _____ Policy Number: _____

Address of Insurance Company: _____

Phone of Insurance Company: _____

Email of Insurance Company: _____

The above health insurance plan must 1) be provided by a company license to do business in the United States, with a US claim payment office and US phone number; 2) provide coverage in your host country during your travels while you are abroad; 3) cover pre-existing conditions.

PLEASE INDICATE ONGOING MEDICAL OR EMOTIONAL ISSUES that may require special attention by our staff (e.g. epilepsy, allergies, asthma, sleep walking, anxiety, depression, etc.). This section is optional, but we encourage you to think carefully about your health and health-related needs before your trip so that you will be prepared for any issues that may arise. Any information you share will be confidential and may help *AMIGOS DEL SUR* staff to provide appropriate assistance.

Medications: _____

Allergies to Medications: _____

Home Physician: _____ Telephone: _____

I understand that it is in my best interest to consult with a physician regarding mental and physical health needs related to my study abroad plans. We urge to consult with a physician at least six weeks before the trip. You should consider appropriate immunizations and make sure that Tetanus booster is up-to-date. Date of last Tetanus booster: _____

Recommended: (*circle any you have had*): Hepatitis A Hepatitis B Meningococcal Other: _____

I hereby assume responsibility for all medical expenses I may occur while participating in the program.

SIGNATURE: _____ DATE: _____

Source: Cornell University Public Service Center (*AMIGOS DEL SUR* is not a UC Denver or Cornell Program)