

Hofstra University
Study Abroad Programs
Emergency Medical Care Authorization

Emergency Medical Care Authorization

On occasion a student participating in an overseas study program may face a health emergency requiring local hospitalization and emergency treatment. For such an emergency Hofstra University requires that the student 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.***

Name: _____

Hofstra ID #: _____

Sex: ☐ F ☐ M

Date of Birth: _____

Current Address: _____

Telephone Number: _____

Student's Blood Type: _____

Known Allergies to Medication: _____

Emergency Contact Information

In the event of an emergency abroad, Hofstra University may notify the following emergency contacts:

Emergency Contact 1

Name: _____

Relationship: _____

Address: _____

Phone: _____

Emergency Contact 2

Name: _____

Relationship: _____

Address: _____

Phone: _____

To prevent delay in the event of an emergency requiring hospitalization and/or surgery, I hereby authorize the appropriate authority of the Hofstra University program to secure whatever treatment is deemed necessary for me/my child including the administration of an anesthetic and/or surgery.

Student's Signature (or if under 21 Parent/Guardian Signature)

Date

Make a copy of this form and keep it on your person at all times while abroad.