

**Hofstra University**  
**Study Abroad Programs**  
**Emergency Medical Care Authorization**

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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.*