



Short-Term Study Abroad Program
Medical/Insurance Verification & Authorization Form

TERM: [] Winter [] Spring [] Summer [] Fall 20_____

Course Title: _____

Name of Student: _____ Dates of Travel: _____

Phone number: _____ Social Security No.: _____

Email address: _____ Birth date: _____

All students participating in a course requiring travel must complete this form and return it prior to departure. Students will not be able to travel unless all signatures are in place and the form is on file in the College of Extended Learning before travel begins.

Required Insurance Coverage

All CSU students traveling abroad are required to enroll and purchase the CSU-approved medical and accident coverage policy to cover any potential loss and/or illness that may occur during a CSU-sponsored international travel study program.

Physician Certification

My signature below certifies that this student participant has been examined by me and is physically fit to participate in the CSU study abroad program without any detrimental effect to this individual's health. Known allergies/medical condition(s) are noted.

Physician's Signature Printed Name Date

Business Address Phone Number

Allergies/Medical Condition: _____

CONSENT & ACKNOWLEDGEMENT

I hereby authorize consent for medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this Study Abroad Travel Program. My signature below acknowledges my understanding of the medical and insurance requirements required for participation in this CSU study travel program. I certify the attached documentation and information to this Medical/Insurance Verification are true to the best of my knowledge.

Participant Signature Printed Name Date