Authorization of Medical or Surgical Consultation/Treatment

For and in consideration of the grant of permission by The Board of Trustees of the University of Southern Indiana for __________________________________________ (participant name) to participate in the Study Abroad Program of the University of Southern Indiana, the undersigned hereby authorizes The Board of Trustees of the University of Southern Indiana and designated representatives thereof to grant permission for the medical and surgical treatment of said student during the participation of Student in the aforementioned Study Abroad Program.

Although the undersigned understands that when possible advance permission of the undersigned will be sought for any necessary surgical treatment, the undersigned agrees that any and all medical treatment and surgery may be performed when, in the opinion of competent medical authorities, the health or welfare of the Student will be adversely affected by any delay. It is understood that such permission may be required by law of the host country in which the Student is resident.

The undersigned also authorizes the Student Health Service, Counseling Center of the University of Southern Indiana, and/or the Student’s private physician or therapist, to inform the University Office of International Programs and Services regarding any health problem Student is found to have which might require special consideration and/or follow-up treatment while studying abroad, and that this shall extend to and apply with respect to any medical and surgical treatment rendered the Student pursuant to this authorization.

SIGN ONLY IN PRESENCE OF NOTARY PUBLIC

Participant Signature ________________________________ Date __________________________

State of ______ Indiana ________________
County ______ Warrick ________________________________
on __________________________
Before me ______ Linda Lefler, Notary ________________
(insert name and title of the office)
personally appeared __________________________________________
(insert name of student)
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

________________________________
Signature of Notary Public

1 Linda Lefler, Administrative Assistant in International Programs & Services, is a Notary Public.