

TO BE COMPLETED BY STUDENT (Please Print)

Return this form within ten days of your acceptance by scanning and sending it to suabroad@syr.edu. If you are unable to do so, you can submit it via fax to (315) 443-4593 or via postal mail to Syracuse Abroad, Syracuse University, 106 Walnut Place, Syracuse, NY 13244-2650.

Name of Student: _____ ("Student")

SUID (if known): _____ Date of Birth (mm/dd/yyyy): _____

SECTION I – INSURANCE & HEALTH ACKNOWLEDGEMENT

- A. Personal Insurance: It is important that you and your family/guardians assess your personal medical situation and decide what level of insurance protection best meets your individual needs while studying abroad. Begin by contacting your current insurance company to ask about obtaining medical care overseas. You or your parents/guardians may already have coverage through a HMO, PPO, or similar plan, and it may be possible to add a rider to that policy that would also cover some overseas care.
- B. Emergency Travel Insurance: As a student studying abroad with Syracuse, you automatically receive emergency travel insurance benefits as part of your program fee. This is not major medical coverage, and meant to provide coverage for emergencies or accidents that may occur overseas. A summary of the benefits can be found [on our website](#), which include illnesses, medical and security evacuation. Be prepared to pay any upfront costs for medical visits, and staff can provide assistance with filing a claim to be reimbursed.

You will be responsible for all medical & repatriation (e.g. emergency evacuation & return to your home country) costs not covered by insurance policies referenced in paragraph A and B above.

SECTION II – MEDICAL CONSENT

Occasionally a student may require hospitalization or other medical treatment. Except in a true emergency, most physicians and hospitals will not render medical treatment to a minor without the consent of a parent or guardian, or to a non-minor without the individual's written consent. Please complete either (A) or (B) below:

- A. Minor (under 21; in other countries this age may vary, Syracuse University uses the U.S. standard): I (we), the parent(s) or legal guardian(s) of _____ born (D.O.B.) _____, authorize the representatives of Syracuse University in the host country for the program identified above to act on my (our) behalf in authorizing any unexpected medical, dental, or surgical care or hospitalization for my (our) child (ward).
- OR
- B. 21 years of age or over (as of date this form is signed): In the event that I, _____, born (D.O.B.) _____ am incapable of consenting to medical treatment, I authorize the representative of Syracuse University in the host country for the program identified above to act on my behalf in authorizing any unexpected medical, dental, or surgical care or hospitalization for me.

Acknowledgement: I/we have read & understood the sections above, and my/our consent to the terms of this agreement is indicated by my/our signatures below.

Signature Requirement: Regardless of age, if a parent or guardian is financially responsible for you, both you and your parent/guardian must sign this form (Physical signatures only – electronic signatures cannot be accepted).

Signature of Student: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____