

The College of New Jersey
The Office of Summer Programs
Green Hall 111, P.O. Box 7718
Ewing, NJ 08628-0718

Authorization for Medical Procedures and Release of Medical Information

I hereby grant permission to any licensed physician or dentist to perform emergency treatment on the undersigned student while he or she is participating in The College of New Jersey Study Abroad Program in _____ (Name of Country) from _____ through _____ dates of the program. Because of the nature of the program, I further acknowledge and agree that The College of New Jersey officials for the program have a need to know and a right to know about medical procedures and the prognosis of any medical condition that may affect my continuing participation in the program. As such, I hereby authorize medical personnel to release medical information relevant to my continuing participation in the _____ (Name of Course or Program) in _____ (Country) to the aforementioned The College of New Jersey personnel on a need to know basis.

The following is information concerning medical history, including allergies, medications being taken, and any physical impairment, to which a physician should be alerted:

Date

Student's Signature

Date

Parent's or Guardian's Signature
(Required if student is under the age of 18)

A copy of this form should be placed on file at the unit which has administrative responsibility for the program (e.g., The Office of Summer Programs).

The original should accompany the director during the study abroad program.