



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™  
Office of Global Health

# International Programs for Students Emergency and Liability Forms

**Please submit these materials to:**

Office of Global Health  
3601 4<sup>th</sup> ST Stop 6266  
Lubbock, Texas 79430-6266

tel. (806) 743-2900  
fax (806) 743-1521

[globalhealth@ttuhsc.edu](mailto:globalhealth@ttuhsc.edu)  
[www.ttuhsc.edu/cima](http://www.ttuhsc.edu/cima)

# TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

(hereinafter referred to as "TTUHSC")

## Office of Global Health

(hereinafter referred to as "OGH")

### International Programs for Students Emergency and Liability Forms

<u>Form</u>	<u>Effective Date</u>
A Participant Information Sheet	June 18, 2013
B Release, Hold Harmless, and Indemnification Agreement	June 18, 2013
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I acknowledge receipt of all the above listed forms:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Texas Tech University Health Sciences Center

**Participant Information Sheet**

Student Name: \_\_\_\_\_ R#: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ School: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Campus: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_

Reason for travel abroad (check below)
Participate in for-credit (including zero-credit) TTUHSC sponsored International Program Number of credit hours _____
Attend conference, workshop, or competition
Participate in TTUHSC student organization service project
Conduct research
Complete internship / practicum
Other: _____

Host Country(ies): \_\_\_\_\_ Dates of travel: \_\_\_\_\_

**If you are participating in a faculty-led program, skip to the next section.**  
**Complete the following if you are traveling to an institution abroad or traveling with an organization.**

Name of Host Institution / Organization (HI)\*: \_\_\_\_\_  
 HI Phone Number: \_\_\_\_\_ HI Address: \_\_\_\_\_  
 Contact Name at HI: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Contact E-mail Address: \_\_\_\_\_

**Complete the following if you are participating in a faculty-led program.**

Faculty Member Leading Program\*: \_\_\_\_\_  
 Partner Institution / Organization (if applicable): \_\_\_\_\_

(\* The person in charge of the program abroad is also referred to herein as "Program Administrator.")

\_\_\_\_\_  
 Student's Signature Print or Type Name  
 Date: \_\_\_\_\_

Texas Tech University Health Sciences Center

Release, Hold Harmless, and Indemnification Agreement

I, \_\_\_\_\_, have the opportunity to participate in a Texas Tech University Health Sciences Center (hereinafter "TTUHSC") international program or activity to take place in \_\_\_\_\_ (country(ies)) from \_\_\_\_\_ (mm/dd/yyyy – mm/dd/yyyy).

Conduct. As a TTUHSC student I acknowledge that I am an ambassador of TTUHSC and am subject to all rules governing the conduct of student life, as defined in the TTUHSC Student Affairs Handbook, Code of Student Conduct, and I understand that I am subject to disciplinary action in accordance with the Code.

Travel Transportation. I understand that during the program I will be traveling by various modes of transportation that may or may not be owned by or under the control of TTUHSC and I voluntarily choose to travel by these conveyances. I am aware of the dangers associated with such travel, including the possibility of injury and even death and I affirm my desire to travel as part of the program described above.

Location Danger. I recognize and understand that the possibility of political unrest exists on any occasion in which there is travel to or from a location outside of the United States. I am aware of the dangers of such political unrest, and understand that my choice to travel abroad is voluntary on my part, and I affirm my desire to do so.

Safety. I agree I am solely responsible for my safety and the safety of my property at all times during travel and at the program site.

**IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THE ABOVE DESCRIBED PROGRAM OR ACTIVITY, ON BEHALF OF MYSELF, MY REPRESENTATIVES, ESTATE, HEIRS, ASSIGNS AND NEXT OF KIN, I DO HEREBY RELEASE, ACQUIT, DISCHARGE, INDEMNIFY, AND AGREE TO HOLD HARMLESS TEXAS TECH UNIVERSITY SYSTEM, ITS BOARD OF REGENTS BOTH INDIVIDUALLY AND COLLECTIVELY, TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, ITS OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES (COLLECTIVELY "INDEMNITEES") FROM ANY AND ALL LIABILITY FROM ALL CLAIMS, ACTIONS, DEMANDS OR SUITS OF ANY KIND OR CHARACTER EITHER BY COMMON LAW OR STATUTE, WHETHER NOW RECOGNIZED OR NOT, AND INCLUDING, BUT NOT LIMITED TO, ANY COSTS, EXPENSES OR PENALTIES.**

I have read this Release, Hold Harmless, and Indemnification Agreement and understand and voluntarily accept the terms. This Agreement shall be construed under the laws of the State of Texas and venue shall be in the state or federal courts of Lubbock County.

I certify that I am over the age of 18 and have knowingly and voluntarily signed this Agreement.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Texas Tech University Health Sciences Center

# Travel Itinerary

## Flight Information

You **MUST** print your flight itinerary from the airline website and attach it to this form.

### Additional notes regarding flight information:

## Additional Travel Plans

Using the chart below, please note any plans you have to travel to or visit countries or locations outside those listed as the primary program location on Form A, Participant Information Sheet. Please be aware that prior to your departure OGH will register your travel with the Department of State using the STEP website. OGH will **ONLY** register your travel to the primary program location listed on Form A. It is your responsibility to register any additional travel plans. You should also be aware that the international health/MEDEVAC insurance you purchase through HTH Worldwide is only available for TTUHSC sponsored international programs and will only be valid during the dates of travel listed on Form A.

Departure Date	Country/Location Traveling To	Return Date	Country/Location Returning to

### Additional notes regarding itinerary:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

## Texas Tech University Health Sciences Center

**Insurance for International Programs for Students**

For the safety of its students, TTUHSC **requires** that all students participating in an international program or activity have emergency medical evacuation and repatriation of remains insurance coverage in addition to health and accident coverage.

The TTU system has contracted with HTH Worldwide for insurance that provides the necessary coverage including health and accident coverage, emergency medical evacuation, and repatriation of remains. Unless your program provides its own coverage or requires that you purchase insurance through another provider, you must purchase the insurance provided by HTH.

**Please contact OGH for the current cost of coverage.** For information on policy coverage and exclusions, please see the HTH brochure available on the OGH website. **To obtain insurance through HTH, please complete the information below.**

First Name	
Last Name/Family Name	
Date of Birth (mm/dd/yyyy)	
Gender	
Valid From/Departure Date (mm/dd/yyyy)	
Valid Through/Return Date (mm/dd/yyyy)	
Home Country (or Country of Origin/ Citizenship—the country that issued the passport you will be traveling on)	
Host Country	
Payment information:	Attach check or money order made payable to <b>HTH Worldwide Insurance</b>

**HTH Worldwide insurance cards are distributed to all TTUHSC students before departure to their international program. Once participants receive their insurance card they should visit [hthstudents.com](http://hthstudents.com) and, using the certificate number on the front of the card, sign in to the site for comprehensive information and services relating to the plan.**

**Trip Cancellation/Trip Interruption:** If you are prevented from taking your trip or if the trip is interrupted, please contact OGH as soon as possible at 806-743-2900 or [globalhealth@ttuhsc.edu](mailto:globalhealth@ttuhsc.edu) so that OGH can inform HTH Worldwide.

## NON-HTH USERS ONLY

If your program provides insurance or requires that you purchase insurance through a provider other than HTH Worldwide, please complete the following:

### Verification of Insurance (non-HTH users ONLY)

I understand that as a TTUHSC student participating in an international program or activity I am required to have emergency medical evacuation and repatriation of remains insurance coverage in addition to health and accident coverage. I have acquired such insurance:

- Through an alternate provider as instructed by my host institution/organization (provide insurance company name and policy number below)
- Through my host institution and/or program abroad (provide insurance company name and policy number below)

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Insurance Company

Policy Number

I hereby certify that I am covered with health insurance that provides coverage I have determined to be adequate and satisfactory for any injury or illness that might befall me while I am participating in a TTUHSC international program or activity. I have consulted persons I deem appropriate to verify this coverage and its adequacy for coverage abroad.

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Printed Name

Signature

Date

**When possible, please include a copy of your insurance policy and insurance card.**

## Texas Tech University Health Sciences Center

## Information Release and In Case of Emergency (ICE)

The TTUHSC Office of Global Health is not authorized to discuss your international program or activity with anyone, including your parents, spouse, or significant other, without your express permission. Please indicate below whom (parents, spouse, significant other, child, etc.), if anyone, we may discuss your international program or activity with. Please **do not** include contact information for someone traveling with you abroad.

I authorize release of information about my program or activity to the following person(s):

*If you do not authorize the Office of Global Health to release information to anyone, please put N/A in the fields provided:*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ In addition to information about my program (location, situation, logistical requirements), OGH may also release to the above contacts information about any medical conditions that may arise during participation in the international program / activity.

**For faculty-led programs only:** I further authorize the release of information regarding my emergency contacts and medical intake form to the faculty member conducting the faculty-led program in which I am participating.

\_\_\_\_\_ **Agree**

\_\_\_\_\_ **Decline**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



Texas Tech University Health Sciences Center

# Waivers and Department of State Registration

## Section 1: Authorization to Use and/or Release Personal Information and/or Image

I give the Office of Global Health permission to:	YES	NO
Use quotes from any report or evaluation submitted to OGH in which I describe my experiences abroad.		
Share my evaluation of the program in which I participated with prospective students interested in participating in a similar program.		
Use photos and comments I have provided about my experience on the TTUHSC/OGH web site or on OGH International Programs recruitment materials (e.g., brochures, handouts).		
Release my name and e-mail address to prospective students requesting information about the international program in which I participated.		

I, and on behalf of my representatives, estate, heirs, assigns and next of kin, do hereby waive any and all rights, compensation, royalties, or other payment in connection with the use of name and/or image(s) or other information about me as permitted above. I understand there is no guarantee that any of these uses will remain subject to TTUHSC supervision or control.

## Section 2: Authorization to Release Personal Information to TTUHSC

In case of an emergency in which I cannot be reached:	YES	NO
I authorize U.S. Embassies and Consulates to release information concerning my welfare and whereabouts to Texas Tech University Health Sciences Center. In authorizing this release of information, I hereby waive 5 USC Section 522 (b), the Freedom of Information Act.		

## Section 3: Registration with the Department of State

For your safety, OGH will register your trip abroad with the embassy or consulate located in your host country using the Department of State's STEP website. In order to do so, **YOU MUST** provide the following information. **You must also include a copy of your passport.**

Name on your passport: \_\_\_\_\_ Date of birth (mm/dd/yy): \_\_\_\_\_

Passport number (you must also attach a copy of your passport): \_\_\_\_\_

Departure date (mm/dd/yy): \_\_\_\_\_ Return date (mm/dd/yy): \_\_\_\_\_

Your phone number(s) abroad: \_\_\_\_\_

E-Mail address where you can be reached while abroad: \_\_\_\_\_

Your address while abroad: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Print of Type Name: \_\_\_\_\_

Date: \_\_\_\_\_

Texas Tech University Health Sciences Center

# Student Health/Emergency Treatment Authorization

The purpose of this form is to help OGH and TTUHSC provide appropriate medical assistance to you should the need arise during your participation in an international program or activity.

It is important that we be made aware of any medical problems (past or current), including mental health conditions, which might affect your ability to participate in a TTUHSC international program. This information will be kept confidential in accordance with the law. Any disclosure of such information will be made only to appropriate individuals, and handled with the highest level of discretion in order to protect student privacy. Relevant information will be shared with program administrators and leaders, or appropriate professionals as it relates to your health and safety.

Health tests may be required prior to departure in certain circumstances.

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Your contact number abroad: \_\_\_\_\_

The following information is required to coordinate treatment in the event of a medical emergency. Answer "N/A if not applicable."

**ALLERGIES**

Medication or Drug Allergy	Reaction	Treatment, if exposed
Food or Environmental Allergy*	Reaction	Treatment, if exposed

\*Could include foods, dust, chemical, household items, pollen, bee stings, etc. NOTE: if you have dietary restrictions or limitations, it is your responsibility to discuss these with your host institution/organization or Program Administrator.

**MEDICATIONS**

Please list any medications you are taking on a daily, regular, or as needed basis and indicate how often and why each medication is taken. This will help us formulate a treatment plan should an emergency arise.

Name of Medication	Dosage	How often taken? (1x day, 3x day, as need, etc.)	For what condition?	Length of time treated (approx.)

NOTE: Participants must bring an adequate supply of medications that are required on a daily or routine basis, in their original bottles, when traveling abroad. It is also helpful to have a copy of all prescriptions while traveling.

**ADDITIONAL HEALTH CONDITIONS**

Do you have any additional health conditions, other than those previously listed (such as surgeries, hospitalizations, significant injuries, chronic conditions, physical, psychological, emotional, or mental illness, etc.) that may need special consideration before or during your participation or that may affect your participation in this program?

\_\_\_\_ Yes

\_\_\_\_ No

If yes, you are advised to consult your health care provider prior to traveling abroad. Please describe below:

Condition(s)

How often do you have symptoms?

Plan for managing this condition while traveling?

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**DISABILITIES**

If you have a documented disability as defined by the Americans with Disabilities Act and you have registered with the TTUHSC Office of Student Services, you may choose to seek accommodations to participate in this international program. In addition, you have a right to disclose any Letter of Accommodations received from the Office of Student Services, and a copy of the Disability Services Release of Information (see HSC OP 77.14, Establishing Reasonable Accommodations for Students with Disabilities and Attachment B to the OP). It is your responsibility to meet with the Program Administrator to review the Letter of Accommodations.

**HEALTH AND EMERGENCY AGREEMENT**

I authorize the release of information contained in this Student Health/Emergency Treatment Authorization form for access and review by OGH and the appropriate professionals at TTUHSC. I understand the information on this form is pertinent to my health and safety abroad, and it may be discussed in a confidential manner with TTUHSC officials and contact persons at my host institution/organization and/or the program administrator.

In the event that I am injured and need emergency medical care, hospitalization, or surgery while participating in the program, I authorize TTUHSC, through its employees, representatives and agents, to secure any necessary treatment. In some cases, access to medical care may be more than 24 hours away and services may be limited. If coverage is not provided through the TTUHSC insurance program administered by HTH Worldwide, I understand that such treatment shall be solely at my expense.

I certify that to the best of my knowledge all responses made on this form are complete, true, and accurate, and I understand that if there are any changes in my health status, I will complete and submit an updated Student Health/Emergency Treatment Authorization prior to my departure. I understand that if I withhold information on this form, I may be sent home for reasons related to the information withheld and I am responsible for all incurred costs. I understand that participation in an international program or activity is optional and that any program abroad will have a certain level of risk.

**I hereby release, indemnify, and hold harmless TTUHSC, its Board of Regents, officers both individually and collectively, employees, representatives and agents from any and all liability, negligent or otherwise, with regard to seeking or resulting from emergency medical treatment on my behalf. I am over age 18, have read and fully understand this agreement, and am voluntarily requesting emergency medical treatment on my behalf in the event of such need.**

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

## Texas Tech University Health Sciences Center

## Student Responsibilities Checklist

### TO BE COMPLETED AT THE PRE-DEPARTURE ORIENTATION

Carefully read each item below then initial. By initialing the items, you are confirming that you have completed the task, received the information, and/or understand and accept the responsibilities of participating in a TTUHSC sponsored international program or activity.

Initial here	My initials below confirm that...
	I have talked to an academic advisor or program coordinator in my school and I have received permission to participate in the TTUHSC sponsored international program/activity. I understand that failure to obtain approval may mean I will not receive credit for the international program.
	I have read and understand the rules of conduct and dismissal provided on the following page.
	I have received a copy of the Department of State's Country Specific information for my host country. Furthermore, I understand it is my responsibility to read the information provided.
	I understand it is my responsibility to know and abide by the laws and customs of the host country, community, and the host institution/organization. In addition, I understand the need to be sensitive to the social mores of the host culture.
	I understand that while participating in a TTUHSC sponsored international program or activity, I may not travel to a country that has been issued a travel warning by the U.S. Department of State. <a href="http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html">http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html</a>
	I have considered ways to safeguard my wellbeing while abroad, including the need to create an emergency action plan. If I am participating in a faculty-led program, I have received a copy of the emergency action plan created by the program administrator.
	I have obtained a passport and I have verified that my passport is valid for up to six months after the program end date.
	I have obtained a visa for entry into the host country (if applicable).
	I have verified through the CDC website any vaccinations/immunizations required or recommended for my host country.
	I have obtained or will obtain prior to my departure any vaccinations/immunizations required for entry into the host country (if applicable).
	I recognize that the primary purpose of my international program is global health education and appropriately supervised service. As an unlicensed pre-professional, it is unethical for me to practice direct patient care in my host country. Regardless of intent, I understand that by engaging in any unlicensed medical practices, I would be disregarding patient boundaries and safety. This could place the patient and the host community at considerable risk. Therefore, I will honor my role as a student and I will, to the best of my ability, avoid engaging in activities that may cause harm or long term negative consequences to the patients and communities of my host country.
	I have received a copy of the TTUHSC International Programs for Students Handbook.
	I have completed the mandatory pre-departure modules.
	I have attended a mandatory pre-departure orientation.
	I have completed the required emergency and liability forms.
	I have purchased international health and medical evacuation insurance.
	I understand that the international health and medical evacuation insurance I purchased does not include property insurance. Furthermore, I understand that I may be traveling to areas with higher than average rates of crime, including theft of property. As such, it is my responsibility to keep myself and my property safe at all times and to purchase property insurance if I so desire.
	I have received information about the location of the nearest U.S. embassy/consulate. I have also been provided contact information for the embassy/consulate.
	I have received a wallet card with additional emergency phone numbers, including the TTUHSC 24-hour emergency phone number.
	I have received friends and family cards. I understand it is my responsibility to distribute the cards to my significant others.
	I understand that any personal travel I choose to undertake prior to or after my international program/activity is considered unofficial travel activity and is in no way funded, promoted, planned, sponsored, or otherwise supported by TTUHSC. As such, I understand that any travel beyond the international program travel, whose dates and locations are listed on Form A, Participant Information Sheet, is not the responsibility of TTUHSC.

**RULES OF CONDUCT AND DISMISSAL**

Each student shall observe the same standards and rules of conduct while participating in the program as he/she would observe while physically on the TTUHSC campus (as set forth in the Student Affairs Handbook, Code of Student Conduct). Failure to maintain these standards is subject to review by the Dean of the appropriate school at Texas Tech University Health Sciences Center. In the sole discretion of the Program Administrator, a student may be required to return to the United States at his or her own expense without completing the international program and without completion of course work, credit, or grades. If a student disrupts the group learning process, or if his/her behavior gives the host institution or Program Administrator reasonable cause to believe that his/her continued presence in the program poses a danger to him/herself or to the health or safety of persons or property, or impedes, disrupts, or obstructs the program in any way, the student is subject to disciplinary action as set forth in the TTUHSC Student Affairs Handbook.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date