

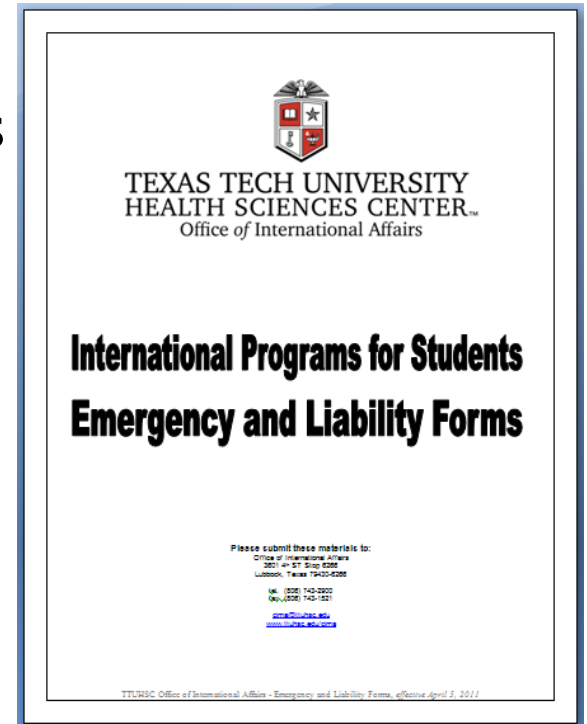
International Programs for Students Emergency and Liability Forms

On-line tutorial



Introduction

- ▶ This tutorial will guide you through completing the International Programs for Students Emergency & Liability Forms packet.
- ▶ Completion of this packet is required by ANY student participating in a TTUHSC sponsored international program or activity.
- ▶ The emergency & liability forms can be found on the Office of International Affairs [website](#).



Questions

- ▶ If at any point you have questions about the forms or about the information you are being requested to provide, please do not hesitate to contact the Office of International Affairs (OIA) at 806-743-2900 or by e-mail at michelle.ensminger@ttuhsc.edu.
- ▶ If you are completing the forms prior to your pre-departure orientation, you may make a notation of the sections you have questions about, and they can be addressed during the orientation if you prefer.

Index & Acknowledgement (page 1)

- ▶ **Step 1:** Please flip through your packet and make certain you have all the forms listed on the Index & Acknowledgement page.
- ▶ The packet should include forms A through H and should total 11 pages (excluding the cover sheet).

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER (Previously referred to as "TTUHSC")		
Office of International Affairs (Previously referred to as "OIA")		
International Programs for Students Emergency and Liability Forms		
Form		Effective Date
A	Participant Information Sheet	April 5, 2011
B	Release, Hold Harmless, and Indemnification Agreement	April 5, 2011
C	Travel Itinerary	April 5, 2011
D	Emergency Contact and Information Release Form	April 5, 2011
E	Insurance for International Programs for Students	April 5, 2011
F	Student Responsibilities	April 5, 2011
G	Waiver and Authorization to Use and/or Release Personal Information and/or Image	April 5, 2011
H	Student Health / Emergency Treatment Authorization	April 5, 2011

I acknowledge receipt of all the above listed forms:

_____ Student's Signature	_____ Witness' Signature
_____ Print or type Name	_____ Print or Type Name
_____ Date	_____ Date

TTUHSC Office of International Affairs • Emergency and Liability Forms, Index and Acknowledgement, effective April 5, 2011



Index & Acknowledgement (page 1) cont.

- ▶ **Step 2:** Check the effective date at the bottom of each page. It should coincide with the effective date listed on the index page.

TTUHSC Office of International Affairs - Emergency and Liability Forms, *Index and Acknowledgement*, effective April 5, 2011

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

(hereinafter referred to as "TTUHSC")

Office of International Affairs

(hereinafter referred to as "OIA")

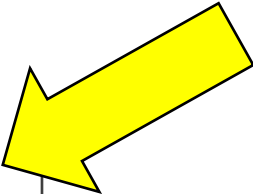
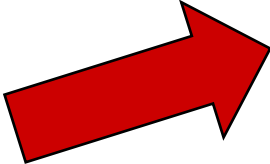
International Programs for Students Emergency and Liability Forms

<u>Form</u>	<u>Effective Date</u>
A Participant Information Sheet	April 5, 2011
B Release, Hold Harmless, and Indemnification Agreement	April 5, 2011
C Travel Itinerary	April 5, 2011
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E Insurance for International Programs for Students	April 5, 2011
F Student Responsibilities	April 5, 2011
G Waiver and Authorization to Use and/or Release Personal Information and/or Image	April 5, 2011
H Student Health / Emergency Treatment Authorization	April 5, 2011

These two
dates should
match!!!

Index & Acknowledgement (page 1) cont.

- ▶ **Step 3:** If you have form A through H and the effective date at the bottom of each form matches the effective date on the Index & Acknowledgement page, please complete the signature block.
- ▶ **NOTE:** This page requires the signature of a witness. If you are completing the on-line interactive version of the form packet, the witness' signature must be obtained after you've printed the forms and before you submit them to OIA.



I acknowledge receipt of all the above listed forms:	
_____ Student's Signature	_____ Witness' Signature
_____ Print or type Name	_____ Print or Type Name
_____ Date	_____ Date

Proceed to Form A

- ▶ You may now proceed to Form A, Participant Information Sheet.

Form A

Texas Tech University Health Sciences Center
Participant Information Sheet

Student Name: _____ R#: _____
E-mail address: _____ School: _____
Phone number: _____

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

Host Country(ies): _____ Semester/term and year: _____

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

Name of Host Institution / Organization (HI)*: _____
HI Phone Number: _____ HI Address: _____
Contact Name at HI: _____ Contact Phone Number: _____
Contact E-mail Address: _____
Your Address while Abroad: _____
Your Phone Number Abroad: _____

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

Faculty Member Leading Program*: _____
Partner Institution / Organization (if applicable): _____
Your Address while Abroad: _____
Your Phone Number Abroad: _____

(* The person in charge is also referred to herein as "Program Administrator.")

Student's Signature _____ Print or type Name _____
Date: _____

TTUHSC Office of International Affairs - Emergency and Liability Forms, Participant Information Sheet, effective April 5, 2011



Participant Information Sheet

(Form A, page 2)

- ▶ **Step 1:** Complete the personal information at the top of the page.

The image shows the top portion of a form titled "Participant Information Sheet" from the Texas Tech University Health Sciences Center. The form is labeled "Form A" in the top right corner. It contains several input fields for personal information. Red arrows point to these fields: three arrows on the left point to the "Student Name:", "E-mail address:", and "Phone number:" fields; two arrows on the right point to the "R#:" and "School:" fields.

Texas Tech University Health Sciences Center

Form A

Participant Information Sheet

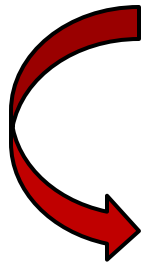
Student Name: _____ R#: _____

E-mail address: _____ School: _____

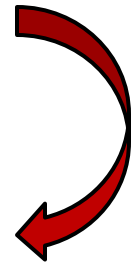
Phone number: _____

Participant Information Sheet (Form A, page 2) cont.

▶ Step 2: Select your reason for traveling abroad



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



Participant Information Sheet (Form A, page 2) cont.


- ▶ Select this option if your international program is of an academic nature and you are receiving credit hours.
 - ▶ Include the number of credit hours you will receive.
 - ▶ If you are uncertain, please contact an academic advisor or international advisor at your school.

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

Participant Information Sheet (Form A, page 2) cont.

- ▶ Select this option if your international program is of an academic nature but it is a non-credit, or zero credit hour, program.
 - ▶ Again, if you are uncertain, please contact an academic advisor or international advisor at your school.

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



Participant Information Sheet (Form A, page 2) cont.

- ▶ Select this option if you are attending a conference, workshop, or competition.


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



Participant Information Sheet (Form A, page 2) cont.

- ▶ Select this option if you are traveling with a student organization to participate in a service project.


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



Participant Information Sheet (Form A, page 2) cont.

- ▶ Select this option if you are conducting a research project for your school.


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



Participant Information Sheet (Form A, page 2) cont.

- ▶ Select this option if you are completing an internship, practicum, or independent study abroad.

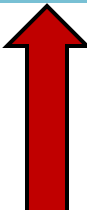

Reason for travel abroad (check below)
Participate in for-credit TTUHSC sponsored International Program Number of credit hours _____
Participate in non-credit TTUHSC sponsored International Program
Attend conference, workshop, or competition
Participate in TTUHSC student organization service project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



Participant Information Sheet (Form A, page 2) cont.

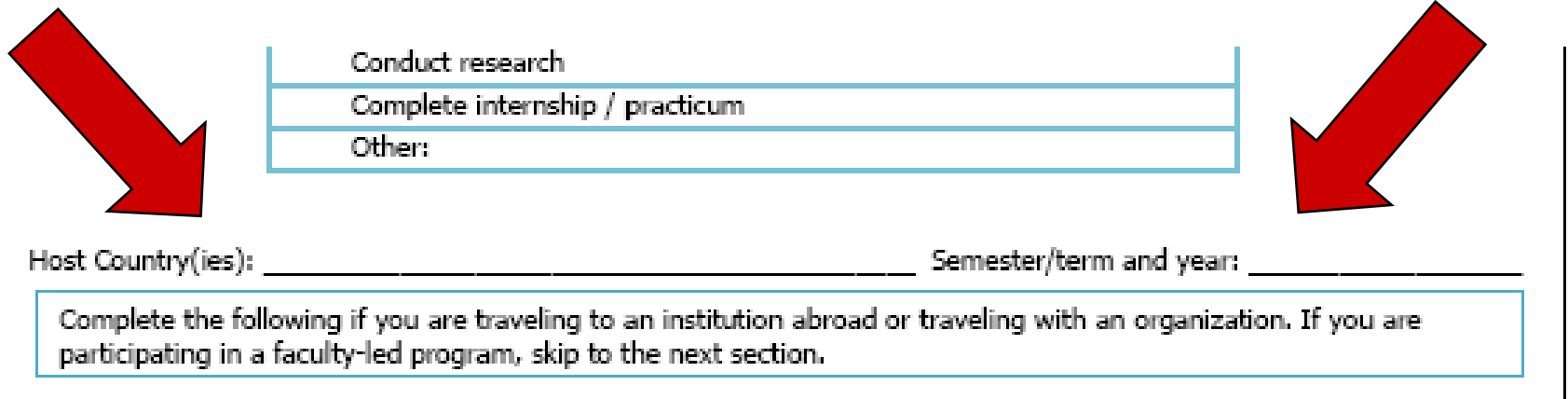
- ▶ If none of these options fits your reason for going abroad, please select other and write your reason in the space provided.

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



Participant Information Sheet (Form A, page 2) cont.

- ▶ **Step 3: list your host country(ies) and the semester / term and year you will be traveling abroad.**
 - ▶ If you are going abroad in-between semesters (e.g., summer), please write the season and the year (e.g., Summer 2011) or the month and the year (e.g., December 2011).



Conduct research
Complete internship / practicum
Other:

Host Country(ies): _____ Semester/term and year: _____

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

Participant Information Sheet (Form A, page 2) cont.

- ▶ **Step 4:** Complete the following section of information if you are traveling to an institution abroad (e.g., university, hospital, clinic) or you are traveling with an organization

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

STEP 4

Name of Host Institution / Organization (HI)*: _____
HI Phone Number: _____ HI Address: _____
Contact Name at HI: _____ Contact Phone Number: _____
Contact E-mail Address: _____
Your Address while Abroad: _____
Your Phone Number Abroad: _____

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

Faculty Member Leading Program*: _____
Partner Institution / Organization (if applicable): _____
Your Address while Abroad: _____
Your Phone Number Abroad: _____
(* The person in charge is also referred to herein as "Program Administrator.")

Student's Signature Print or type Name
Date: _____

TTUHSC Office of International Affairs - Emergency and Liability Forms, Participant Information Sheet, effective April 5, 2011

Continued on following slide.



Participant Information Sheet (Form A, page 2) cont.


- ▶ (e.g., Unite for Sight, Himalayan Health Exchange, Elective Africa, Projects Abroad).
- ▶ **NOTE:** If you have this information in written form (e.g., e-mail), you are welcome to write “see attached” and attach a hardcopy. Please be certain that all the requested information is included on the hardcopy. If any information is not included, complete the applicable sections.
- ▶ **NOTE:** If you are participating in a Faculty-led Program, do not complete this section. Instead, please proceed to Step 5.



Participant Information Sheet (Form A, page 2) cont.

- ▶ Name of Host Institution / Organization, also referred to as HI, is the name of the institution you are traveling to or the organization you are traveling with.

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



Name of Host Institution / Organization (HI)*: _____
HI Phone Number: _____ HI Address: _____
Contact Name at HI: _____ Contact Phone Number: _____
Contact E-mail Address: _____
Your Address while Abroad: _____
Your Phone Number Abroad: _____

Participant Information Sheet (Form A, page 2) cont.

- ▶ HI phone number is the phone number of the institution you are traveling to or the organization you are traveling with.

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

Name of Host Institution / Organization (HI)*: _____

HI Phone Number: _____ HI Address: _____

Contact Name at HI: _____ Contact Phone Number: _____

Contact E-mail Address: _____

Your Address while Abroad: _____

Your Phone Number Abroad: _____

Participant Information Sheet (Form A, page 2) cont.

- ▶ HI address is the address abroad of the institution you are traveling to or the organization you are traveling with.

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

Name of Host Institution / Organization (HI)*: _____
HI Phone Number: _____ HI Address: _____
Contact Name at HI: _____ Contact Phone Number: _____
Contact E-mail Address: _____
Your Address while Abroad: _____
Your Phone Number Abroad: _____



Participant Information Sheet (Form A, page 2) cont.

- ▶ Contact name at HI is the name of the person you will be working closely with at your HI (e.g., mentor, supervisor, program administrator, program coordinator). This is the person “in charge” of you while you’re abroad. It is also the person OIA will maintain contact with if an emergency occurs.

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

Name of Host Institution / Organization (HI)*: _____

HI Phone Number: _____ HI Address: _____

Contact Name at HI: _____ Contact Phone Number: _____

Contact E-mail Address: _____

Your Address while Abroad: _____

Your Phone Number Abroad: _____

Participant Information Sheet (Form A, page 2) cont.

- ▶ Please include this person's phone number.

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

Name of Host Institution / Organization (HI)*: _____

HI Phone Number: _____

HI Address: _____

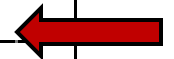
Contact Name at HI: _____

Contact Phone Number: _____

Contact E-mail Address: _____

Your Address while Abroad: _____

Your Phone Number Abroad: _____



Participant Information Sheet (Form A, page 2) cont.

- ▶ Please include this person's e-mail address.

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

Name of Host Institution / Organization (HI)*: _____

HI Phone Number: _____

HI Address: _____

Contact Name at HI: _____

Contact Phone Number: _____

Contact E-mail Address: _____

Your Address while Abroad: _____

Your Phone Number Abroad: _____



Participant Information Sheet (Form A, page 2) cont.

- ▶ Your address while abroad is the address where you will be staying (e.g., hotel, family home).
 - ▶ If you are uncertain but you know the address of your HI, please write “see above” and we will refer back to the address of your HI.

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

Name of Host Institution / Organization (HI)*: _____

HI Phone Number: _____

HI Address: _____

Contact Name at HI: _____

Contact Phone Number: _____

Contact E-mail Address: _____

Your Address while Abroad: _____

Your Phone Number Abroad: _____



Participant Information Sheet (Form A, page 2) cont.

- ▶ Your phone number abroad is the number where we can contact you if there is an emergency (e.g., cell phone number, hotel number, HI number). It is also the number you will include on your wallet card.

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

Name of Host Institution / Organization (HI)*: _____

HI Phone Number: _____

HI Address: _____

Contact Name at HI: _____

Contact Phone Number: _____

Contact E-mail Address: _____

Your Address while Abroad: _____

Your Phone Number Abroad: _____



Participant Information Sheet (Form A, page 2) cont.

- ▶ **Please skip Step 5 & proceed to Step 6.**
- ▶ Step 5 only applies to individuals participating in a Faculty-led program.



Participant Information Sheet (Form A, page 2) cont.

- ▶ **Step 5: Complete this section if you are participating in a Faculty-led Program.**

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

Name of Host Institution / Organization (HI)*: _____
HI Phone Number: _____ HI Address: _____
Contact Name at HI: _____ Contact Phone Number: _____
Contact E-mail Address: _____
Your Address while Abroad: _____
Your Phone Number Abroad: _____

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

Faculty Member Leading Program*: _____
Partner Institution / Organization (if applicable): _____
Your Address while Abroad: _____
Your Phone Number Abroad: _____
(* The person in charge is also referred to herein as "Program Administrator.")

Student's Signature _____ Print or type Name _____
Date: _____

TTUHSC Office of International Affairs - Emergency and Liability Forms, *Participant Information Sheet*, effective April 5, 2011



Participant Information Sheet (Form A, page 2) cont.

- ▶ Faculty member leading program is the name of the TTUHSC faculty member leading the program abroad.

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

 Faculty Member Leading Program*: _____

Partner Institution / Organization (if applicable): _____

Your Address while Abroad: _____

Your Phone Number Abroad: _____

(* The person in charge is also referred to herein as "Program Administrator.")

Participant Information Sheet (Form A, page 2) cont.

- ▶ Partner institution / organization is the name of any institution or organization the faculty-led program is coordinating with while the group is abroad (e.g., clinic, hospital, university, mission). **NOTE:** This information may not be applicable to your specific situation.

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

Faculty Member Leading Program*: _____

▶ Partner Institution / Organization (if applicable): _____

Your Address while Abroad: _____

Your Phone Number Abroad: _____

(* The person in charge is also referred to herein as "Program Administrator.")

Participant Information Sheet (Form A, page 2) cont.

- ▶ Your address while abroad is the address where you will be staying (e.g., hotel, family home, mission). **NOTE:** You must include this information. If you are uncertain, contact the faculty member leading the program.

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

Faculty Member Leading Program*: _____

Partner Institution / Organization (if applicable): _____

 Your Address while Abroad: _____

Your Phone Number Abroad: _____

(* The person in charge is also referred to herein as "Program Administrator.")

Participant Information Sheet (Form A, page 2) cont.

- ▶ Your phone number abroad is the number where we can contact you if there is an emergency (e.g., cell phone number, hotel number, faculty's phone number). It is also the number you will include on your wallet card. **NOTE:** You must include this information. If you are not taking a cell phone abroad, please contact the faculty member leading the program for a phone number.

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

Faculty Member Leading Program*: _____

Partner Institution / Organization (if applicable): _____

Your Address while Abroad: _____

Your Phone Number Abroad: _____

(* The person in charge is also referred to herein as "Program Administrator.")

Participant Information Sheet (Form A, page 2) cont.

▶ Step 6: Please complete the signature block.

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

Faculty Member Leading Program*: _____

Partner Institution / Organization (if applicable): _____

Your Address while Abroad: _____

Your Phone Number Abroad: _____

(The person in charge is also referred to herein as "Program Administrator.")

Student's Signature

Print or type Name

Date: _____

TTUHSC Office of International Affairs - Emergency and Liability Forms, *Participant Information Sheet*, effective April 5, 2011

Proceed to Form B

- ▶ You can now proceed to Form B, Release, Hold Harmless and Indemnification Agreement

Form B

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 _____

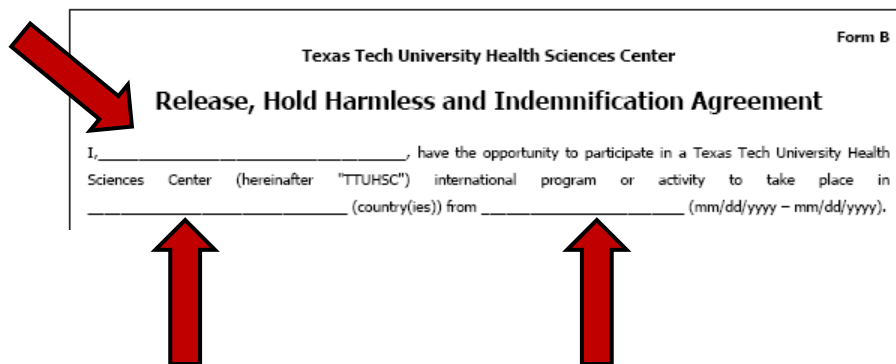
Date _____ Date _____

TTUHSC Office of International Affairs - Emergency and Liability Forms: Release, Hold Harmless, and Indemnification Agreement, effective April 5, 2011



Release, Hold Harmless and Indemnification Agreement (Form B, page 3)

- ▶ **Step 1:** Please read through this document carefully and include the requested information (name, country(ies), and dates of program / travel)



Texas Tech University Health Sciences Center Form B

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).

Form B

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

TTUHSC Office of International Affairs - Emergency and Liability Forms, Release, Hold Harmless, and Indemnification Agreement, effective April 5, 2011



Release, Hold Harmless and Indemnification Agreement (Form B, page 3) cont.

- ▶ **Step 2:** Please complete the signature block.
- ▶ **NOTE:** This page requires the signature of a witness. If you are completing the on-line interactive version of the form packet, the witness' signature must be obtained after you've printed the forms and before you submit them to OIA.



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

TTUHSC Office of International Affairs - Emergency and Liability Forms, Release, Hold Harmless, and Indemnification Agreement, effective April 5, 2011

Proceed to Form C

- ▶ You can now proceed to Form C, Travel Itinerary.

Form C

Texas Tech University Health Sciences Center

Travel Itinerary

Use the chart below to complete your travel itinerary. Begin with the initial city/location of departure and list all connecting flights with their arrival times and locations until you reach your host country. The second chart will record your return flight information.

**Departure Plans
Beginning of Program**

Departure Date	Departure City/Location	Departure Time	Airline	Flight Number	Arrival City/Location	Arrival Date	Arrival Time

**Departure Plans
Conclusion of Program**

Departure Date	Departure City/Location	Departure Time	Airline	Flight Number	Arrival City/Location	Arrival Date	Arrival Time

Additional notes regarding flight information and itinerary:

Student's Signature Print or type Name

Date

TTUHSC Office of International Affairs – Emergency and Liability Forms, *Travel Itinerary*, effective April 5, 2011



Travel Itinerary

(Form C, page 4)

- ▶ On this form you will include your travel itinerary, beginning with the initial city / location of departure and including any connecting flights.
- ▶ **NOTE:** If you have this information in an e-mail or you can obtain the information from an airline website, you may print the information, write “see attached” at the top of the page, and attach the hardcopy of the information. If you attach a hardcopy, you will not be required to complete the travel itinerary charts, and you may skip Steps 1 & 2 and proceed to Step 3.



Travel Itinerary (Form C, page 4) cont.

- ▶ **Step 1:** Complete the chart requesting your departure plans at the start of your program (flight from U.S. to host country). Include information for all connecting flights and layovers.

Departure Plans Beginning of Program

Departure Date	Departure City/ Location	Departure Time	Airline	Flight Number	Arrival City/ Location	Arrival Date	Arrival Time

Travel Itinerary (Form C, page 4) cont.

- ▶ **Step 2:** Complete the chart requesting your departure plans at the conclusion of your program (flight from host country to U.S.). Include information for all connecting flights and layovers.

Departure Plans Conclusion of Program

Departure Date	Departure City/Location	Departure Time	Airline	Flight Number	Arrival City/Location	Arrival Date	Arrival Time

Travel Itinerary (Form C, page 4) cont.

- ▶ **Step 3:** Please include any additional notes regarding your flight and itinerary you would like OIA to know about (e.g., you have a long layover and will be staying overnight at a hotel or at the home of a friend or family member).

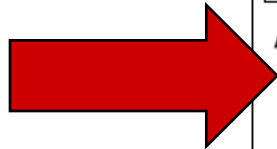
Departure Plans Conclusion of Program							
Departure Date	Departure City/ Location	Departure Time	Airline	Flight Number	Arrival City/ Location	Arrival Date	Arrival Time

Additional notes regarding flight information and itinerary:

Student's Signature Print or type Name

Date

TTUHSC Office of International Affairs – Emergency and Liability Forms, Travel Itinerary, effective April 5, 2011



Travel Itinerary (Form C, page 4) cont.

- ▶ **Step 4:** Please complete the signature block.

**Departure Plans
Conclusion of Program**

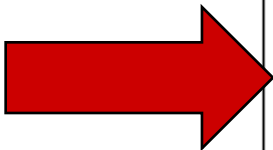
Departure Date	Departure City/ Location	Departure Time	Airline	Flight Number	Arrival City/ Location	Arrival Date	Arrival Time

Additional notes regarding flight information and itinerary:

Student's Signature Print or type Name

Date

TTUHSC Office of International Affairs – Emergency and Liability Forms, *Travel Itinerary*, effective April 5, 2011



Proceed to Form D

- ▶ You can now proceed to Form D, Emergency Contact and Information Release Form.

Form D

Texas Tech University Health Sciences Center

Emergency Contact and Information Release Form

The TTUHSC Office of International Affairs staff 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, if anyone, we may discuss your international program or activity plans with.

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

If you do not authorize the Office of International Affairs staff to release information to anyone, please put N/A:

Name: _____
Phone: _____ Email: _____

Name: _____
Phone: _____ Email: _____

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

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 _____

TTUHSC Office of International Affairs - Emergency and Liability Forms, Emergency Contact & Information Release, effective April 5, 2011

Emergency Contact and Information Release (Form D, page 5)

- ▶ On this form you may give OIA permission to discuss your international program with 2 individuals of your choice. These individuals may be a spouse, a significant other, a parent, a close friend, or another family member.
- ▶ We request that you provide the contact information for these individuals.
- ▶ If you do not want OIA to discuss your international program with anyone, please write NA in both name blanks.

Emergency Contact and Information Release (Form D, page 5) cont.

- ▶ **Step 1:** Read through the first paragraph carefully.

Texas Tech University Health Sciences Center

Form D

Emergency Contact and Information Release Form

The TTUHSC Office of International Affairs staff 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, if anyone, we may discuss your international program or activity plans with.

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

If you do not authorize the Office of International Affairs staff to release information to anyone, please put N/A:

Name: _____

Phone: _____ Email: _____

Emergency Contact and Information Release (Form D, page 5) cont.

- ▶ **Step 2:** If you choose to authorize the release of information about your program or activity, provide the name, phone number, and e-mail address for person 1.

The TTUHSC Office of International Affairs staff 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, if anyone, we may discuss your international program or activity plans with.

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

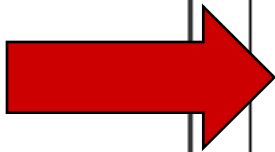
If you do not authorize the Office of International Affairs staff to release information to anyone, please put N/A:

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____



Emergency Contact and Information Release (Form D, page 5) cont.

- ▶ **Step 3:** Provide the name, phone number, and e-mail address for person 2.

The TTUHSC Office of International Affairs staff 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, if anyone, we may discuss your international program or activity plans with.

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

If you do not authorize the Office of International Affairs staff to release information to anyone, please put N/A:

Name: _____

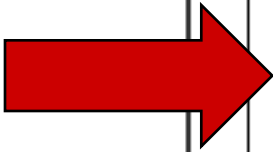
Phone: _____

Email: _____

Name: _____


Phone: _____

Email: _____



Emergency Contact and Information Release (Form D, page 5) cont.

- ▶ **Step 4:** Initial the following paragraph if we may release information about any medical conditions that may arise during your participation to the above referenced individuals.



Name: _____

Phone: _____ Email: _____

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

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

Emergency Contact and Information Release (Form D) cont.

- ▶ **Step 5:** If you are participating in a faculty-led program, and permit us to provide the emergency contact information you provided on form D as well as the medical intake information you provide (form H) to the faculty member leading your program, please check the box Agree. Otherwise, please check the box Decline.

Name: _____

Phone: _____

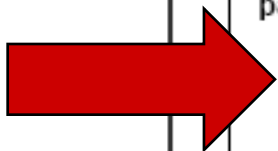
Email: _____

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

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



Emergency Contact and Information Release (Form D, page 5) cont.

- ▶ **Step 6:** Please complete the signature block.
- ▶ **NOTE:** This page requires the signature of a witness. If you are completing the on-line interactive version of the form packet, the witness' signature must be obtained after you've printed the forms and before you submit them to OIA.

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 _____

TTUHSC Office of International Affairs – Emergency and Liability Forms, *Emergency Contact & Information Release, effective April 5, 2011*

Proceed to Form E

- ▶ You may now proceed to Form E, Insurance for International Programs for Students.

Form E

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 for students have emergency medical evacuation and repatriation of remains insurance coverage in addition to health and accident coverage.

TTUHSC has contracted with HTH Worldwide for insurance that provides health and accident coverage as well as emergency medical evacuation and repatriation of remains insurance coverage for students participating in programs that do not offer their own coverage. This coverage extends to all TTUHSC students participating in an international program or activity.

The cost of coverage through the contract with HTH Worldwide is \$1.17 per day. For information on policy coverage and exclusions please see the HTH brochure available on the OIA website. If you choose to obtain coverage through HTH, please complete the attached form and return it to the TTUHSC Office of International Affairs.

Otherwise, complete the following:

Verification of Insurance

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:

Personally (provide insurance company name and policy number below)

Through my host institution and/or program abroad (provide insurance company name and policy number below)

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.

Name _____ Signature _____ Date _____

Trip Cancellation/Trip Interruption: If you are prevented from taking your trip or if the trip is interrupted please contact OIA office at 806-743-2900 or cima@ttuhsc.edu so that they can inform HTH Worldwide.

OFFICE USE ONLY:	Date	Initials
Notified participant of insurance card		
Participant picked up insurance card/brochure		
Follow up e-mail sent to participant		

TTUHSC Office of International Affairs - Emergency and Liability Forms, Insurance and Verification, effective April 5, 2011 page 1 of 2



Insurance for International Programs for Students (Form E, pages 6 & 7)

- ▶ On form E you will provide your international health & MEDEVAC insurance information (if provided by your program or you are purchasing individually) or purchase international health & MEDEVAC insurance through TTUHSC's contract with HTH Worldwide.
- ▶ **NOTE:** All students participating in a TTUHSC sponsored international program or activity are **REQUIRED** to have international health & accident coverage and emergency medical evacuation & repatriation of remains insurance.

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- ▶ **Step 1:** If the program you are participating in provides international health & MEDEVAC insurance **or** you are purchasing this insurance yourself, please complete the boxed section. **NOTE:** If you are purchasing insurance through the contract with HTH Worldwide, proceed to Step 2.

Form E

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 for students have emergency medical evacuation and repatriation of remains insurance coverage in addition to health and accident coverage.

TTUHSC has contracted with HTH Worldwide for insurance that provides health and accident coverage as well as emergency medical evacuation and repatriation of remains insurance coverage for students participating in programs that do not offer their own coverage. This coverage extends to all TTUHSC students participating in an international program or activity.

The cost of coverage through the contract with HTH Worldwide is \$1.17 per day. For information on policy coverage and exclusions please see the HTH brochure available on the OIA website. If you choose to obtain coverage through HTH, please complete the attached form and return it to the TTUHSC Office of International Affairs.

Otherwise, complete the following:

Verification of Insurance

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:

Personally (provide insurance company name and policy number below)

Through my host institution and/or program abroad (provide insurance company name and policy number below)

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.

Name _____ Signature _____ Date _____

Trip Cancellation/Trip Interruption: If you are prevented from taking your trip or if the trip is interrupted please contact OIA office at 806-743-2900 or cima@ttuhsc.edu so that they can inform HTH Worldwide.

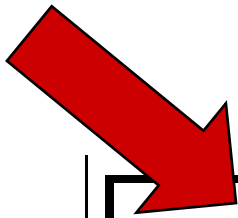
OFFICE USE ONLY:	Date	Initials
Notified participant of insurance card		
Participant picked up insurance card/brochure		
Follow up e-mail sent to participant		

TTUHSC Office of International Affairs - Emergency and Liability Forms, Insurance and Verification, effective April 5, 2011 page 1 of 2



Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- ▶ Read through the statement of verification of insurance.



Verification of Insurance

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:

- Personally (provide insurance company name and policy number below)
- Through my host institution and/or program abroad (provide insurance company name and policy number below)

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.

Name

Signature

Date

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- ▶ Select how your insurance is being purchased / provided.

Verification of Insurance

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:

- Personally (provide insurance company name and policy number below)
- Through my host institution and/or program abroad (provide insurance company name and policy number below)

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.

Name

Signature

Date

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- ▶ Provide the name of the insurance company

Verification of Insurance

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

- Personally (provide insurance company name and policy number below)
- Through my host institution and/or program abroad (provide insurance company name and policy number below)

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.

Name Signature Date

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- ▶ Provide the policy number.

Verification of Insurance

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 obtained such insurance:

- Personally (provide insurance company name and policy number below)
- Through my host institution and/or program abroad (provide insurance company name and policy number below)

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.

Name

Signature

Date



Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- ▶ Read through the statement of certification.

Verification of Insurance

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:

- Personally (provide insurance company name and policy number below)
- Through my host institution and/or program abroad (provide insurance company name and policy number below)

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.

Name

Signature

Date

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- ▶ Complete the signature block.
- ▶ You may now proceed to Form F, Student Responsibilities. Steps 2 & 3 are only for students purchasing insurance through HTH Worldwide.

Verification of Insurance

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:

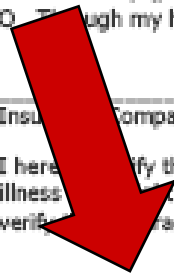
Personally (provide insurance company name and policy number below)

Through my host institution and/or program abroad (provide insurance company name and policy number below)

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 befall me while I am participating in a TTUHSC international program or activity. I have consulted persons I deem appropriate to verify coverage and its adequacy for coverage abroad.

Name _____ Signature _____ Date _____



Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- ▶ **Step 2:** If you are purchasing insurance through TTUHSC's contract with HTH Worldwide, please read the notation about trip cancellation / trip interruption found under the verification of insurance box.
- ▶ Proceed to the following page.

Form E

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 for students have emergency medical evacuation and repatriation of remains insurance coverage in addition to health and accident coverage.

TTUHSC has contracted with HTH Worldwide for insurance that provides health and accident coverage as well as emergency medical evacuation and repatriation of remains insurance coverage for students participating in programs that do not offer their own coverage. This coverage extends to all TTUHSC students participating in an international program or activity.

The cost of coverage through the contract with HTH Worldwide is \$1.17 per day. For information on policy coverage and exclusions please see the HTH brochure available on the OIA website. If you choose to obtain coverage through HTH, please complete the attached form and return it to the TTUHSC Office of International Affairs.

Otherwise, complete the following:

Verification of Insurance

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:

Personally (provide insurance company name and policy number below)


Through my host institution and/or program abroad (provide insurance company name and policy number below)

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.

Name _____ Signature _____ Date _____

Trip Cancellation/Trip Interruption: If you are prevented from taking your trip or if the trip is interrupted please contact OIA office at 806-743-2900 or cima@ttuhsc.edu so that they can inform HTH Worldwide.



OFFICE USE		Date	Initials
Notified participant	Insurance card		
Participant	Insurance card/brochure		
Follow up on participant			

TTUHSC Office of International Affairs - Emergency and Liability Forms, Insurance and Verification, effective April 5, 2011 page 1 of 2

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

▶ Step 3: HTH Worldwide Information Sheet.

HTH Worldwide Information Sheet	
<p>If you elect to purchase your international health and MEDEVAC insurance through HTH Worldwide please complete the following information and a request will be processed.</p> <p>HTH Worldwide insurance cards are distributed to all TTUHSC students before departure on their program. Once participants receive their insurance card they should visit 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.</p>	
First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):
<p>*This information is only used by OIA if there is a need to contact you and/or to deliver the insurance card to you.</p>	
<p>TTUHSC Office of International Affairs - Emergency and Liability Forms, Insurance and Verification, effective April 5, 2011 page 2 of 2</p>	



Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- ▶ Read the section regarding card distribution and setting up your account on hthstudents.com.

HTH Worldwide Information Sheet

If you elect to purchase your international health and MEDEVAC insurance through HTH Worldwide please complete the following information and a request will be processed.

HTH Worldwide insurance cards are distributed to all TTUHSC students before departure on their program. Once participants receive their insurance card they should visit 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.

First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):

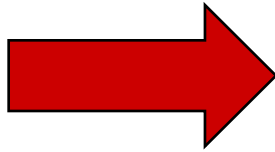
*This information is only used by OIA if there is a need to contact you and/or to deliver the insurance card to you.

TTUHSC Office of International Affairs - Emergency and Liability Forms, Insurance and Verification, effective April 5, 2011 page 2 of 2



Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

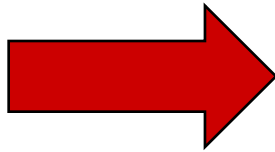
- ▶ Provide your first name.



First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

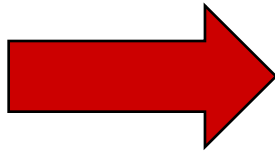
- ▶ Provide your last name or family name.



First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

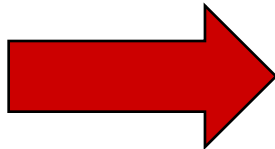
- ▶ Provide your date of birth in the dd/mm/yyyy format.



First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

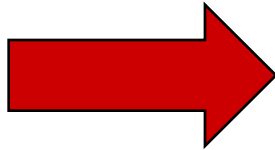
- ▶ Provide your gender.



First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

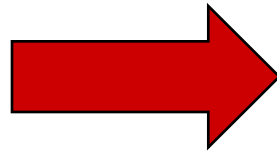
- ▶ Provide the date of your departure. This is the date your insurance will become valid.



First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

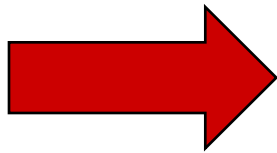
- ▶ Provide your return / departure date. This is the last date your insurance will be valid. **NOTE:** The insurance through HTH Worldwide is only valid during the dates of your international program. If you are extending your trip for personal reasons, we cannot provide insurance during this time.



First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

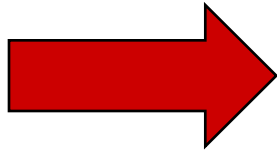
- ▶ Provide the name of your home country (country of origin / citizenship).



First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

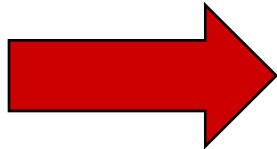
- ▶ Provide the name of your host country (the country you will be traveling to).



First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

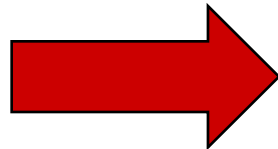
- ▶ Calculate the number of days you will be abroad—start with the date of your departure and end with the date you return to the U.S.



First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

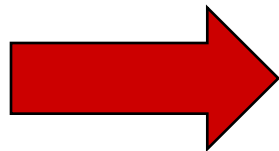
- ▶ Provide the estimated cost of the insurance. To arrive at this figure, multiply \$1.17 by the total number of days abroad. (See number above.)



First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- ▶ Provide an address in the U.S. (to be used if OIA needs to mail your insurance card to you.)

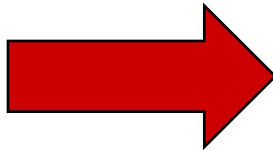


First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- ▶ Provide a phone number (to be used if OIA has a problem processing your insurance or if we must contact you to pick up your insurance card.)

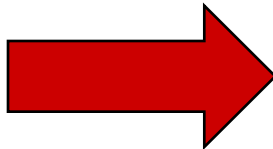
First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):



Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- ▶ Provide an e-mail address (to be used if OIA has a problem processing your insurance or if we must contact you to pick up your insurance card.)

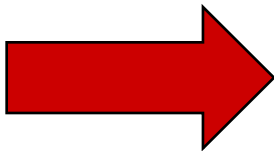
First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):



Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- ▶ Include payment / payment information. **NOTE:** A check is preferred but we can also accept a debit or credit card.
 - ▶ If paying by check, attach a check for the amount of the insurance. Make the check payable to TTUHSC.

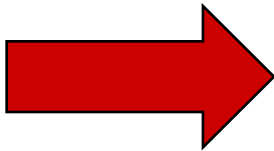
First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):



Insurance for International Programs for Students (Form E, pages 6 & 7) cont.


- ▶ If paying by debit or credit card, please complete the following information:

First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):




Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- Provide card type (Visa, MasterCard, etc.).

First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type:  Card Number: Cardholder's Name: Card Expiration Date (mm/yy):

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.


- Provide card number.

First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number:  Cardholder's Name: Card Expiration Date (mm/yy):



Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- Provide the cardholder's name (the name on the card.)

First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name:  Card Expiration Date (mm/yy):

Insurance for International Programs for Students (Form E, pages 6 & 7) cont.

- Provide the card's expiration date (mm/yy).

First Name	
Last Name/Family Name	
Date of Birth	
Gender	
Valid From/Departure Date	
Valid Through/Return Date	
Home Country (Country of Origin/Citizenship)	
Host Country	
Total Days Abroad	
Estimated Total Cost (Total Days Abroad x \$1.17)	
Address*	
Phone Number*	
E-mail Address*	
Payment information: Attach check (preferred) or provide credit card information	Card Type: Card Number: Cardholder's Name: Card Expiration Date (mm/yy):



Proceed to Form F

- ▶ You may now proceed to Form F, Student Responsibilities.

Form F

Texas Tech University Health Sciences Center

Student Responsibilities

By signing this form I certify that I understand and am solely responsible for the following responsibilities related to my participation in a TTUHSC international program or activity as follows:

- 1. 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.
- 2. ACADEMIC ADVISING**
Each student shall discuss international program plans with his/her academic advisor to determine if participation will meet his/her degree plan. If the student does not obtain the approval of the school or department the student may not receive any credit for his/her international program.
- 3. HOST COUNTRY LAWS/CUSTOMS**
Each student shall know and obey the laws of the host country, as well as all local institutional regulations, and will abide by the laws and customs of the host country, community, and the host institution/organization/program. In addition, the student understands the need to be sensitive to the social mores of the host culture.
- 4. DOCUMENTATION OF COURSEWORK**
If seeking approval for course credit, each student is required to provide documentation to TTUHSC that will demonstrate work completed during the international program as determined by the requirements for each course. Materials may include syllabi, class notes, special projects, tests, and papers written for each class.
- 5. MANDATORY PRE-DEPARTURE ORIENTATION AND EXIT COUNSELING SESSION**
Each student shall schedule and attend a pre-departure orientation and exit counseling session conducted by OIA prior to departure from and following return to TTUHSC.
- 6. NOTIFICATION OF FINANCIAL AID OFFICE**
Each student shall visit the Financial Aid and/or Student Business Services Offices to finalize arrangements for disbursement of any financial aid and scholarship monies before leaving the TTUHSC campus.
- 7. HEALTH**
Each student is responsible for his/her own health maintenance. In the event of serious illness, accident, or emergency, the student will inform an appropriate Program Administrator so that assistance may be secured and designated emergency contacts may be notified.
- 8. VISAS and PASSPORTS**
Each student shall obtain all of the proper and necessary documentation for participation in the program including, but not limited to, a U.S. passport and the proper visa for the country to be visited prior to participation in a TTUHSC international program or activity. For some countries, it is necessary to apply for a visa through OIA. Check with OIA for information regarding your visa application.
- 9. INSURANCE**
TTUHSC requires that any student participating in a TTUHSC international program or activity shall purchase sufficient insurance to cover him/her while abroad. See Form E for further information.
- 10. IMMUNIZATIONS**
Each student shall obtain the necessary immunizations and malaria prophylaxis for travel abroad prior to departure. Information on immunizations may be found by contacting Travel Medicine at 743-2757 or at <http://www.ttuhsc.edu/som/fammed/travelmed.aspx> or by visiting the CDC website at www.cdc.gov/travel.
- 11. SAFETY ISSUES**
Each student shall check the web sites for State Department Travel Advisories to be advised of any travel restrictions for U.S. citizens abroad. The web site is http://www.travel.state.gov/travel/cis_05_bv/tw/tw_1764.html. The student agrees to comply with all information about safety during travel abroad provided on the State Department website (<http://studentabroad.state.gov/index.php>) and by the TTUHSC Office of International Affairs.
I understand that I may sometimes be traveling in areas having higher than average rates of crime and theft of property, and that I am solely responsible for my own safety and for my property at all times while participating in this program or activity.

I UNDERSTAND THAT THE TTUHSC OFFICE OF INTERNATIONAL AFFAIRS IS NOT RESPONSIBLE FOR THE ABOVE, AND I SPECIFICALLY ACCEPT AND WILL FULFILL THE RESPONSIBILITIES LISTED ABOVE.

Student's Signature

Print Name

Date

THE OFFICE OF INTERNATIONAL AFFAIRS WILL KEEP A COPY OF THIS FORM IN YOUR FILE. PLEASE TAKE YOUR COPY OF THIS FORM WITH YOU WHEN YOU GO ABROAD AS A REMINDER OF YOUR RESPONSIBILITIES.

TTUHSC Office of International Affairs - Emergency and Liability Forms, *Student Responsibilities*, effective April 5, 2011



Student Responsibilities (Form F, page 8)

- ▶ **Step 1:** Please read all the sections of this form carefully.

Form F

Texas Tech University Health Sciences Center

Student Responsibilities

By signing this form I certify that I understand and am solely responsible for the following responsibilities related to my participation in a TTUHSC international program or activity as follows:

- 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.
- ACADEMIC ADVISING**
Each student shall discuss international program plans with his/her academic advisor to determine if participation will meet his/her degree plan. If the student does not obtain the approval of the school or department the student may not receive any credit for his/her international program.
- HOST COUNTRY LAWS/CUSTOMS**
Each student shall know and obey the laws of the host country, as well as all local institutional regulations, and will abide by the laws and customs of the host country, community, and the host institution/organization/program. In addition, the student understands the need to be sensitive to the social mores of the host culture.
- DOCUMENTATION OF COURSEWORK**
If seeking approval for course credit, each student is required to provide documentation to TTUHSC that will demonstrate work completed during the international program as determined by the requirements for each course. Materials may include syllabi, class notes, special projects, tests, and papers written for each class.
- MANDATORY PRE-DEPARTURE ORIENTATION AND EXIT COUNSELING SESSION**
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- NOTIFICATION OF FINANCIAL AID OFFICE**
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- HEALTH**
Each student is responsible for his/her own health maintenance. In the event of serious illness, accident, or emergency, the student will inform an appropriate Program Administrator so that assistance may be secured and designated emergency contacts may be notified.
- VISAS and PASSPORTS**
Each student shall obtain all of the proper and necessary documentation for participation in the program including, but not limited to, a U.S. passport and the proper visa for the country to be visited prior to participation in a TTUHSC international program or activity. For some countries, it is necessary to apply for a visa through OIA. Check with OIA for information regarding your visa application.
- INSURANCE**
TTUHSC requires that any student participating in a TTUHSC international program or activity shall purchase sufficient insurance to cover him/her while abroad. See Form E for further information.
- IMMUNIZATIONS**
Each student shall obtain the necessary immunizations and malaria prophylaxis for travel abroad prior to departure. Information on immunizations may be found by contacting Travel Medicine at 743-2757 or at <http://www.ttuhsc.edu/sonm/fammed/travelmed.aspx> or by visiting the CDC website at www.cdc.gov/travel.
- SAFETY ISSUES**
Each student shall check the web sites for State Department Travel Advisories to be advised of any travel restrictions for U.S. citizens abroad. The web site is http://www.travel.state.gov/travel/cis_bs_bytw/tw_1764.html. The student agrees to comply with all information about safety during travel abroad provided on the State Department website (<http://studentabroad.state.gov/index.php>) and by the TTUHSC Office of International Affairs.
I understand that I may sometimes be traveling in areas having higher than average rates of crime and theft of property, and that I am solely responsible for my own safety and for my property at all times while participating in this program or activity.

I UNDERSTAND THAT THE TTUHSC OFFICE OF INTERNATIONAL AFFAIRS IS NOT RESPONSIBLE FOR THE ABOVE, AND I SPECIFICALLY ACCEPT AND WILL FULFILL THE RESPONSIBILITIES LISTED ABOVE.

Student's Signature

Print Name

Date

THE OFFICE OF INTERNATIONAL AFFAIRS WILL KEEP A COPY OF THIS FORM IN YOUR FILE. PLEASE TAKE YOUR COPY OF THIS FORM WITH YOU WHEN YOU GO ABROAD AS A REMINDER OF YOUR RESPONSIBILITIES.

TTUHSC Office of International Affairs - Emergency and Liability Forms, *Student Responsibilities*, effective April 5, 2011



Student Responsibilities (Form F, page 8) cont.

- ▶ **Step 2: Complete the signature block.**
- ▶ **NOTE:** You will turn this form in to OIA. At that time, OIA will make a copy for your file. The original will be returned to you.

Form F

Texas Tech University Health Sciences Center
Student Responsibilities

By signing this form I certify that I understand and am solely responsible for the following responsibilities related to my participation in a TTUHSC international program or activity as follows:

- 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.
- ACADEMIC ADVISING**
Each student shall discuss international program plans with his/her academic advisor to determine if participation will meet his/her degree plan. If the student does not obtain the approval of the school or department the student may not receive any credit for his/her international program.
- HOST COUNTRY LAWS/CUSTOMS**
Each student shall know and obey the laws of the host country, as well as all local institutional regulations, and will abide by the laws and customs of the host country, community, and the host institution/organization/program. In addition, the student understands the need to be sensitive to the social mores of the host culture.
- DOCUMENTATION OF COURSEWORK**
If seeking approval for course credit, each student is required to provide documentation to TTUHSC that will demonstrate work completed during the international program as determined by the requirements for each course. Materials may include syllabi, class notes, special projects, tests, and papers written for each class.
- MANDATORY PRE-DEPARTURE ORIENTATION AND EXIT COUNSELING SESSION**
Each student shall schedule and attend a pre-departure orientation and exit counseling session conducted by OIA prior to departure from and following return to TTUHSC.
- NOTIFICATION OF FINANCIAL AID OFFICE**
Each student shall visit the Financial Aid and/or Student Business Services Offices to finalize arrangements for disbursement of any financial aid and scholarship monies before leaving the TTUHSC campus.
- HEALTH**
Each student is responsible for his/her own health maintenance. In the event of serious illness, accident, or emergency, the student will inform an appropriate Program Administrator so that assistance may be secured and designated emergency contacts may be notified.
- VISAS and PASSPORTS**
Each student shall obtain all of the proper and necessary documentation for participation in the program including, but not limited to, a U.S. passport and the proper visa for the country to be visited prior to participation in a TTUHSC international program or activity. For some countries, it is necessary to apply for a visa through OIA. Check with OIA for information regarding your visa application.
- INSURANCE**
TTUHSC requires that any student participating in a TTUHSC international program or activity shall purchase sufficient insurance to cover him/her while abroad. See Form E for further information.
- IMMUNIZATIONS**
Each student shall obtain the necessary immunizations and malaria prophylaxis for travel abroad prior to departure. Information on immunizations may be found by contacting Travel Medicine at 743-2757 or at <http://www.ttuhsc.edu/sonm/fammed/travelmed.aspx> or by visiting the CDC website at www.cdc.gov/travel.
- SAFETY ISSUES**
Each student shall check the web sites for State Department Travel Advisories to be advised of any travel restrictions for U.S. citizens abroad. The web site is http://www.travel.state.gov/travel/cis_na_bv/bv/bv_1764.html. The student agrees to comply with all information about safety during travel abroad provided on the State Department website (<http://studentsabroad.state.gov/index.php>) and by the TTUHSC Office of International Affairs.
I understand that I may sometimes be traveling in areas higher than average rates of crime and theft of property, and I am solely responsible for my own safety and for my property at all times while participating in this program or activity.

I UNDERSTAND THAT THE TTUHSC OFFICE OF INTERNATIONAL AFFAIRS IS NOT RESPONSIBLE FOR THE ABOVE, AND I SPECIFICALLY AGREE TO ACCEPT AND WILL FULFILL THE RESPONSIBILITIES LISTED ABOVE.

Student's Signature

Print Name

Date

THE OFFICE OF INTERNATIONAL AFFAIRS WILL KEEP A COPY OF THIS FORM IN YOUR FILE. PLEASE TAKE YOUR COPY OF THIS FORM WITH YOU WHEN YOU GO ABROAD AS A REMINDER OF YOUR RESPONSIBILITIES.

TTUHSC Office of International Affairs - Emergency and Liability Forms, *Student Responsibilities*, effective April 5, 2011



Proceed to Form G

- ▶ You may now proceed to Form G, Waiver and Authorization to Use and / or Release Personal Information and/or Image.

Texas Tech University Health Sciences Center		Form G
Waiver and Authorization to Use and/or Release Personal Information and/or Image		
I give the Office of International Affairs permission to:		
Use quotes from any report or evaluation submitted to OIA in which I describe my experiences abroad.	YES	NO
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/OIA web site or on OIA 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.		
<p>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 be remain subject to TTUHSC supervision or control.</p>		
In case of an emergency in which I cannot be reached:		
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.	YES	NO
Student Signature: _____		
Printed Name: _____		
Date: _____		
REGISTERING YOUR TRIP WITH THE DEPARTMENT OF STATE:		
<p>For the safety of its students, OIA will register international program trips with the embassy or consulate located in your host country. In order to do so, I am providing the following required information:</p>		
Date of birth: _____		
Phone number where you can be reached while abroad: _____		
E-Mail address where you can be reached while abroad: _____		
Address where you are staying while abroad: _____		
Passport or passport card number (you may wish to attach a copy of your passport): _____		
Student Signature: _____		
Printed Name: _____		
Date: _____		
<p><small>TTUHSC Office of International Affairs - Emergency and Liability Forms, Waiver and Authorization to Use and/or Release Personal Information and/or Image, effective April 5, 2011</small></p>		



Waiver & Authorization (Form G, page 9)

- ▶ This form includes 3 sections.
- ▶ In section 1, you may authorize OIA to use photos and other information collected from you.
- ▶ In section 2, you may authorize the embassy or consulate in your host country to release

Form G

Texas Tech University Health Sciences Center

**Waiver and Authorization to Use and/or Release
Personal Information and/or Image**

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

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 be remain subject to TTUHSC supervision or control.

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.	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature: _____
Printed Name: _____
Date: _____

REGISTERING YOUR TRIP WITH THE DEPARTMENT OF STATE:

For the safety of its students, OIA will register international program trips with the embassy or consulate located in your host country. In order to do so, I am providing the following required information:

Date of birth: _____

Phone number where you can be reached while abroad: _____

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

Address where you are staying while abroad: _____

Passport or passport card number (you may wish to attach a copy of your passport): _____

Student Signature: _____
Printed Name: _____
Date: _____

TTUHSC Office of International Affairs - Emergency and Liability Forms, Waiver and Authorization to Use and/or Release Personal Information and/or Image, effective April 5, 2011



Waiver & Authorization (Form G, page 9) cont.

- ▶ information about you to OIA should an incident occur.
- ▶ In section 3, you need to provide contact information that OIA will use when registering your trip with the embassy / consulate in your host country.

Form G

Texas Tech University Health Sciences Center

**Waiver and Authorization to Use and/or Release
Personal Information and/or Image**

I give the Office of International Affairs permission to:		YES	NO
Use quotes from any report or evaluation submitted to OIA 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/OIA web site or on OIA 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 be remain subject to TTUHSC supervision or control.

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.			

Student Signature: _____
Printed Name: _____
Date: _____

REGISTERING YOUR TRIP WITH THE DEPARTMENT OF STATE:

For the safety of its students, OIA will register international program trips with the embassy or consulate located in your host country. In order to do so, I am providing the following required information:

Date of birth: _____
Phone number where you can be reached while abroad: _____
E-Mail address where you can be reached while abroad: _____
Address where you are staying while abroad: _____
Passport or passport card number (you may wish to attach a copy of your passport): _____

Student Signature: _____
Printed Name: _____
Date: _____

TTUHSC Office of International Affairs - Emergency and Liability Forms, Waiver and Authorization to Use and/or Release Personal Information and/or Image, effective April 5, 2011



Waiver & Authorization (Form G, page 9) cont.

- ▶ **Step 1:** Read through the options in section I.

Form G

Texas Tech University Health Sciences Center

**Waiver and Authorization to Use and/or Release
Personal Information and/or Image**

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

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. understand there is no guarantee that any of these uses will be remain subject to TTUHSC supervision or control.

Waiver & Authorization (Form G, page 9) cont.

- ▶ Select yes or no—OIA needs your permission to use quotes provided by you in an evaluation or report describing your experiences abroad.

Form G

Texas Tech University Health Sciences Center

**Waiver and Authorization to Use and/or Release
Personal Information and/or Image**

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

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 be remain subject to TTUHSC supervision or control.

Waiver & Authorization (Form G, page 9) cont.

- ▶ Select yes or no—OIA needs your permission to share your evaluation of the international program with other students interested in participating in a similar program.

Form G

Texas Tech University Health Sciences Center

**Waiver and Authorization to Use and/or Release
Personal Information and/or Image**

I give the Office of International Affairs permission to:	YES	NO
Use quotes from any report or evaluation submitted to OIA 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/OIA web site or on OIA 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 be remain subject to TTUHSC supervision or control.

Waiver & Authorization (Form G, page 9) cont.

- ▶ Select yes or no—OIA needs your permission to use photos or comments provided by you on our website or on recruitment materials.

Form G

Texas Tech University Health Sciences Center

**Waiver and Authorization to Use and/or Release
Personal Information and/or Image**

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

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 be remain subject to TTUHSC supervision or control.

Waiver & Authorization (Form G, page 9) cont.

- ▶ Select yes or no—OIA needs permission to share your name and e-mail address with students requesting information about the international program in which you participated.

Form G

Texas Tech University Health Sciences Center

**Waiver and Authorization to Use and/or Release
Personal Information and/or Image**

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

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 be remain subject to TTUHSC supervision or control.

Waiver & Authorization (Form G, page 9) cont.

- ▶ **Step 2:** Read the release information carefully.

Form G

Texas Tech University Health Sciences Center

**Waiver and Authorization to Use and/or Release
Personal Information and/or Image**

I give the Office of International Affairs permission to:	YES	NO
Use quotes from any report or evaluation submitted to OIA 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/OIA web site or on OIA 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 be remain subject to TTUHSC supervision or control.

Waiver & Authorization (Form G, page 9) cont.

- ▶ **Step 3: Read section 2 carefully.**
 - ▶ Select yes or no—The embassy or consulate in your host country has permission to release information concerning your welfare and whereabouts to TTUHSC.

Form G		
Texas Tech University Health Sciences Center		
Waiver and Authorization to Use and/or Release Personal Information and/or Image		
I give the Office of International Affairs permission to:		
	YES	NO
Use quotes from any report or evaluation submitted to OIA 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/OIA web site or on OIA 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.		
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.		

Waiver & Authorization (Form G, page 9) cont.

- ▶ **Step 4:** Please complete the signature block for sections 1 & 2.

Form G

Texas Tech University Health Sciences Center

**Waiver and Authorization to Use and/or Release
Personal Information and/or Image**

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

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.

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.	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature: _____

Printed Name: _____

Date: _____

Waiver & Authorization (Form G, page 9) cont.

- ▶ **Step 5:** Complete section 3. This section includes information requested by the embassy / consulate when your trip is registered on the Department of State website.

REGISTERING YOUR TRIP WITH THE DEPARTMENT OF STATE:

For the safety of its students, OIA will register international program trips with the embassy or consulate located in your host country. In order to do so, I am providing the following required information:

Date of birth: _____

Phone number where you can be reached while abroad: _____

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

Address where you are staying while abroad: _____

Passport or passport card number (you may wish to attach a copy of your passport):

Student Signature: _____

Printed Name: _____

Date: _____


Section 3

TTUHSC Office of International Affairs - Emergency and Liability Forms, Waiver and Authorization to Use and/or Release Personal Information and/or Image, effective April 5, 2011



Waiver & Authorization (Form G, page 9) cont.

- ▶ Provide your date of birth (mm/dd/yyyy).



REGISTERING YOUR TRIP WITH THE DEPARTMENT OF STATE:

For the safety of its students, OIA will register international program trips with the embassy or consulate located in your host country. In order to do so, I am providing the following required information:

Date of birth: _____

Phone number where you can be reached while abroad: _____

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

Address where you are staying while abroad: _____

Passport or passport card number (you may wish to attach a copy of your passport):

Student Signature: _____

Printed Name: _____

Date: _____

TTUHSC Office of International Affairs - Emergency and Liability Forms, Waiver and Authorization to Use and/or Release Personal Information and/or Image, effective April 5, 2011

Waiver & Authorization (Form G, page 9) cont.

- ▶ Provide the phone number you would like OIA to provide to the embassy / consulate in your host country.

REGISTERING YOUR TRIP WITH THE DEPARTMENT OF STATE:

For the safety of its students, OIA will register international program trips with the embassy or consulate located in your host country. In order to do so, I am providing the following required information:

Date of birth: _____

Phone number where you can be reached while abroad: _____

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

Address where you are staying while abroad: _____

Passport or passport card number (you may wish to attach a copy of your passport):

Student Signature: _____


Printed Name: _____

Date: _____

TTUHSC Office of International Affairs - Emergency and Liability Forms, Waiver and Authorization to Use and/or Release Personal Information and/or Image, effective April 5, 2011

Waiver & Authorization (Form G, page 9) cont.

- ▶ Provide the e-mail address you would like the embassy / consulate to use while you're abroad if they need to send you information regarding safety & security.



REGISTERING YOUR TRIP WITH THE DEPARTMENT OF STATE:

For the safety of its students, OIA will register international program trips with the embassy or consulate located in your host country. In order to do so, I am providing the following required information:

Date of birth: _____

Phone number where you can be reached while abroad: _____

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

Address where you are staying while abroad: _____

Passport or passport card number (you may wish to attach a copy of your passport):

Student Signature: _____


Printed Name: _____

Date: _____

TTUHSC Office of International Affairs - Emergency and Liability Forms, Waiver and Authorization to Use and/or Release Personal Information and/or Image, effective April 5, 2011

Waiver & Authorization (Form G, page 9) cont.

- ▶ Provide the address where you will be staying while abroad. This will allow the embassy / consulate to know where to locate you.



REGISTERING YOUR TRIP WITH THE DEPARTMENT OF STATE:

For the safety of its students, OIA will register international program trips with the embassy or consulate located in your host country. In order to do so, I am providing the following required information:

Date of birth: _____

Phone number where you can be reached while abroad: _____

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

Address where you are staying while abroad: _____

Passport or passport card number (you may wish to attach a copy of your passport):

Student Signature: _____


Printed Name: _____

Date: _____

TTUHSC Office of International Affairs - Emergency and Liability Forms, Waiver and Authorization to Use and/or Release Personal Information and/or Image, effective April 5, 2011

Waiver & Authorization (Form G, page 9) cont.

- ▶ Please attach a copy of your passport.



REGISTERING YOUR TRIP WITH THE DEPARTMENT OF STATE:

For the safety of its students, OIA will register international program trips with the embassy or consulate located in your host country. In order to do so, I am providing the following required information:

Date of birth: _____

Phone number where you can be reached while abroad: _____

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

Address where you are staying while abroad: _____

Passport or passport card number (you may wish to attach a copy of your passport): _____

Student Signature: _____

Printed Name: _____

Date: _____

TTUHSC Office of International Affairs - Emergency and Liability Forms, Waiver and Authorization to Use and/or Release Personal Information and/or Image, effective April 5, 2011

Waiver & Authorization (Form G, page 9) cont.

- ▶ **Step 6:** Please complete the signature block for section 3 of Form G.

REGISTERING YOUR TRIP WITH THE DEPARTMENT OF STATE:

For the safety of its students, OIA will register international program trips with the embassy or consulate located in your host country. In order to do so, I am providing the following required information:

Date of birth: _____

Phone number where you can be reached while abroad: _____

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

Address where you are staying while abroad: _____

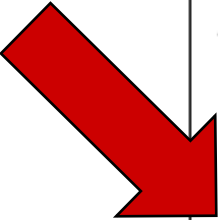
Passport or passport card number (you may wish to attach a copy of your passport):

Student Signature: _____

Printed Name: _____

Date: _____

TTUHSC Office of International Affairs - Emergency and Liability Forms, Waiver and Authorization to Use and/or Release Personal Information and/or Image, effective April 3, 2011



Form H

- ▶ You may now proceed to Form H, Student Health / Emergency Treatment Authorization.

Form H

Texas Tech University Health Sciences Center

Student Health/Emergency Treatment Authorization

The purpose of this form is to help OIA and TTUHSC provide appropriate 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: _____ R#: _____
 Gender: _____ Date of birth: _____ Citizenship: _____
 Cell phone: _____ 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. You should also have a copy of all prescriptions while traveling.

TTUHSC Office of International Affairs - Emergency and Liability Forms, Student Health/Emergency Treatment Authorization, effective April 3, 2011 Page 1 of 2



Student Health / Emergency Treatment Authorization (Form H, pages 10 & 11)

- ▶ On this form, you will provide information regarding your health. This will allow OIA to better assist you should an emergency concerning your health occur while you are abroad.

Form H

Texas Tech University Health Sciences Center

Student Health/Emergency Treatment Authorization

The purpose of this form is to help OIA and TTUHSC provide appropriate 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: _____ R#: _____
Gender: _____ Date of birth: _____ Citizenship: _____
Cell phone: _____ 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. You should also have a copy of all prescriptions while traveling.

TTUHSC Office of International Affairs - Emergency and Liability Forms, Student Health/Emergency Treatment Authorization, effective April 3, 2011 Page 1 of 2

Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ **Step 1:** Please read through the introductory information.

Form H

Texas Tech University Health Sciences Center

Student Health/Emergency Treatment Authorization

The purpose of this form is to help OIA and TTUHSC provide appropriate 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.

Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ **Step 2:** Please complete the following requested information. While this information has been provided on previous forms, this will allow OIA to have quick access to the information should the occasion arise.

Form H

Texas Tech University Health Sciences Center

Student Health/Emergency Treatment Authorization

The purpose of this form is to help OIA and TTUHSC provide appropriate 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: _____ RF: _____

Gender: _____ Date of birth: _____ Citizenship: _____

Cell phone: _____ Contact number abroad: _____

Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ Provide your name.

Form H


Texas Tech University Health Sciences Center

Student Health/Emergency Treatment Authorization

The purpose of this form is to help OIA and TTUHSC provide appropriate 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: _____ R#: _____

Gender: _____ Date of birth: _____ Citizenship: _____

Cell phone: _____ Contact number abroad: _____

Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ Provide your R#.

Form H

Texas Tech University Health Sciences Center

Student Health/Emergency Treatment Authorization

The purpose of this form is to help OIA and TTUHSC provide appropriate 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: _____ R#: _____

Gender: _____ Date of birth: _____ Citizenship: _____

Cell phone: _____ Contact number abroad: _____



Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ Provide your gender.

Form H

Texas Tech University Health Sciences Center

Student Health/Emergency Treatment Authorization

The purpose of this form is to help OIA and TTUHSC provide appropriate 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: _____ R#: _____

Gender: _____ Date of birth: _____ Citizenship: _____

Cell phone: _____ Contact number abroad: _____



Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ Provide your date of birth.

Form H

Texas Tech University Health Sciences Center


Student Health/Emergency Treatment Authorization

The purpose of this form is to help OIA and TTUHSC provide appropriate 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: _____ R#: _____
Gender: _____ Date of birth: _____ Citizenship: _____
Cell phone: _____ Contact number abroad: _____



Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ Provide your citizenship.

Form H

Texas Tech University Health Sciences Center

Student Health/Emergency Treatment Authorization

The purpose of this form is to help OIA and TTUHSC provide appropriate 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: _____ R#: _____

Gender: _____ Date of birth: _____ Citizenship: _____

Cell phone: _____ Contact number abroad: _____



Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ Provide your cell phone number or another contact number in the U.S.

Form H

Texas Tech University Health Sciences Center

Student Health/Emergency Treatment Authorization

The purpose of this form is to help OIA and TTUHSC provide appropriate 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: _____ R#: _____

Gender: _____ Date of birth: _____ Citizenship: _____

Cell phone: _____ Contact number abroad: _____



Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ Provide a phone number where we can reach you when you are abroad.

Form H

Texas Tech University Health Sciences Center

Student Health/Emergency Treatment Authorization

The purpose of this form is to help OIA and TTUHSC provide appropriate 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: _____ R#: _____

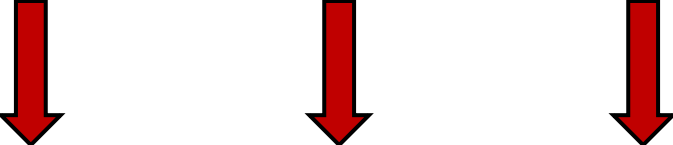
Gender: _____ Date of birth: _____ Citizenship: _____

Cell phone: _____ Contact number abroad: _____



Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ **Step 3: Please provide information regarding any medication / drug or food / environmental allergies you may have.**
 - ▶ Include type of allergy.
 - ▶ Include description of reaction.
 - ▶ Include information about treatment, if exposed.



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.

Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ Read the fine print under the allergy box.

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. You should also have a copy of all prescriptions while traveling.

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Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ **Step 4: Please list any medications you are taking.**
 - ▶ Include the name of the medication.
 - ▶ Include the dosage.
 - ▶ Include information regarding how often the medication is taken.
 - ▶ Include information about the condition the medication is taken for.
 - ▶ Include the length of time you've been taking the medication.

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. You should also have a copy of all prescriptions while traveling.

Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ Read the fine print under the medications box.

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. You should also have a copy of all prescriptions while traveling.

Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ **Step 5:** Select yes or no—Do you have any additional health conditions, other than those previously listed, that may need special consideration before or during your participation.

Form H cont.

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. Please describe below:

<u>Condition(s)</u>	<u>How often do you have symptoms?</u>	<u>Plan for managing this condition while traveling?</u>

Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ If you selected no, write NA in the area provided and proceed to Step 7 (Disabilities).

Form H cont.

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. Please describe below:

<u>Condition(s)</u>	<u>How often do you have symptoms?</u>	<u>Plan for managing this condition while traveling?</u>
NA		

Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ If you selected yes, complete Step 6.

Form H cont.

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. Please describe below:

<u>Condition(s)</u>	<u>How often do you have symptoms?</u>	<u>Plan for managing this condition while traveling?</u>

Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ **Step 6:** Please provide information about your additional health concerns.
 - ▶ Include the name of the condition.
 - ▶ Include information about the symptoms.
 - ▶ Include information about how you plan to manage the condition while abroad.

Form H cont.

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?

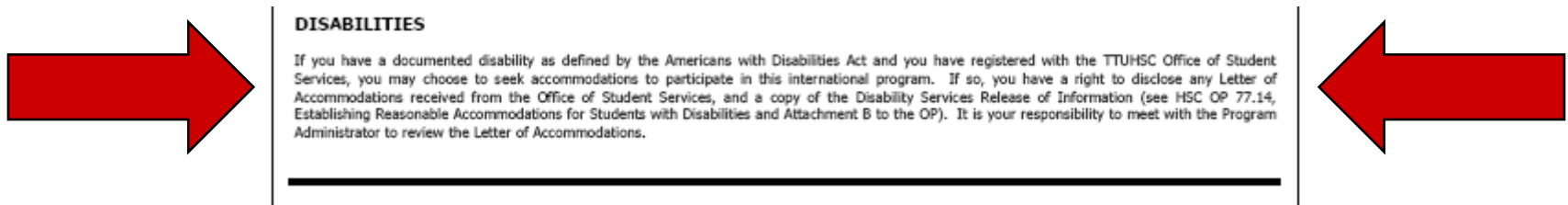
Yes No

If you are advised to consult your health care provider, please describe below:

<u>Condition(s)</u>	<u>How often do you have symptoms?</u>	<u>Plan for managing this condition while traveling?</u>

Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ **Step 7:** Please read the paragraph regarding disabilities.
- ▶ While you are not required to disclose any disability to OIA, we suggest you contact our office if there are any concerns.



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. If so, 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.

- ▶ **NOTE:** OIA cannot guarantee that accommodations for your specific disability will be made in your host country; however, it may be possible to select another program that will better meet your needs.

Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ **Step 8:** Please read through the health and emergency agreement section carefully, especially the portion in bold.

HEALTH AND EMERGENCY AGREEMENT

I authorize the release of information contained in this Student Health/Emergency Treatment Authorization form for access and review by OIA 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 director.

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.

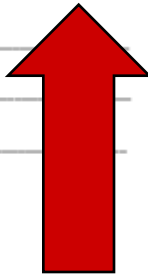
I certify that to the best of my knowledge all responses made on this form are complete, true, and accurate, and I understand that if there are any changes in my health status, I will complete and submit an updated Student Health/Emergency Treatment Authorization prior to my departure. I understand that 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.

Participant's Signature: _____ Date: _____

Participant's Printed Name: _____

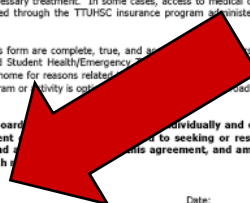
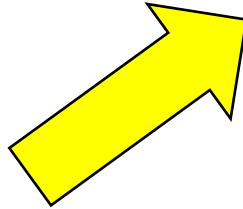
Signature of Witness: _____ Date: _____



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Student Health / Emergency Treatment Authorization (Form H) cont.

- ▶ **Step 9:** Please complete the signature block.
- ▶ **NOTE:** This page requires the signature of a witness. If you are completing the on-line interactive version of the form packet, the witness' signature must be obtained after you've printed the forms and before you submit them to OIA.



HEALTH AND EMERGENCY AGREEMENT

I authorize the release of information contained in this Student Health/Emergency Treatment Authorization form for access and review by OIA 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 director.

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

I hereby release, indemnify, and hold harmless TTUHSC, its Board of Regents, its employees, representatives and agents from any and all liability, negligent or otherwise, for seeking or resulting from emergency medical treatment on my behalf. I am over age 18, have read and understand this agreement, and am voluntarily requesting emergency medical treatment on my behalf in the event of such an emergency.

Participant's Signature: _____ Date: _____

Participant's Printed Name: _____

Signature of Witness: _____ Date: _____

TTUHSC Office of International Affairs - Emergency and Liability Forms, Student Health/Emergency Treatment Authorization, effective April 3, 2011 Page 2 of 2

Final Steps

- ▶ You have completed the emergency and liability forms required of every student participating in a TTUHSC sponsored international program or activity.
- ▶ Please take a moment to ensure you have completed all the sections.
- ▶ Please take a moment to ensure each form is signed and dated.

Final Steps cont.

- ▶ Please take a moment to obtain a witness' signature on the following forms:
 - ▶ Index and acknowledgement (page 1)
 - ▶ Release, Hold Harmless, and Indemnification Agreement (Form B)
 - ▶ Emergency Contact and Information Release (Form D)
 - ▶ Student Health / Emergency Treatment Authorization (Form H)

Attachments

- ▶ Please take a moment to attach any hardcopies of documents you will be providing (e.g., contact / address information while abroad, travel itinerary).
- ▶ Please attach a copy of your passport.
- ▶ Please attach a check if you are purchasing insurance through HTH Worldwide.

Questions

- ▶ If you have any questions about completing the forms, please do not hesitate to contact the Office of International Affairs at 806-743-2900 or by e-mail at michelle.ensminger@ttuhsc.edu.

