

**Xavier University  
Study Abroad Program  
Emergency Medical Care Authorization**

Occasionally a student participating in the Xavier University Study Abroad Program may face a health emergency requiring local hospitalization or emergency treatment. I authorize Xavier University, through its representatives, to secure emergency medical care, hospitalization or surgical treatment or dental treatment for me during my participation in the Xavier University Study Abroad Program.

In the event of a medical emergency, Xavier University, through its representatives, will make every effort to reach the person or persons designated below:

FIRST EMERGENCY CONTACT

SECOND EMERGENCY CONTACT

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

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

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (day): \_\_\_\_\_

Telephone (day): \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

(evening): \_\_\_\_\_

(evening): \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required if student is under age 18)

**Certificate of Medical Insurance Coverage**

It is the policy of Xavier University that all students traveling with Xavier University's Study Abroad Program have insurance with medical, evacuation, reunion, and repatriation of remains coverage. I understand that Xavier University is not required to pay for any of my medical costs while I am participating in this program.

I hereby certify that I will be covered by medical insurance with this type of coverage valid in \_\_\_\_\_ (NAME OF COUNTRY) during the time that I participate in Xavier University's Study Abroad Program.

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

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required if student is under age 18)

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD

Copies of this form will be kept by the Xavier University Campus Police and the Office of Study Abroad. The original will be kept by the director of the study abroad program that the student is participating in.