



MASSACHUSETTS COLLEGE OF LIBERAL ARTS

**MCLA Trip**  
**HEALTH AND MEDICATION INFORMATION**

**HEALTH INFORMATION**

1.

• Do you have any health problems that could affect your participation in this program?  
If so, please describe. \_\_\_\_\_

\_\_\_\_\_

• Because of health problems that are identified above, I may exhibit the following  
behavior or demonstrate the following symptoms: \_\_\_\_\_

\_\_\_\_\_

• The best way to treat or deal with the above described symptoms or behavior is to: \_\_\_\_\_

\_\_\_\_\_

2. Do you wear contact lens or glasses? \_\_\_\_\_ If yes, I have attached a copy of my  
prescription to this form. \_\_\_yes \_\_\_no

3. I take prescription drugs. \_\_\_\_\_ yes \_\_\_no If yes, I have attached a copy of the  
prescription(s) and included THE GENERIC NAME OF THE DRUG(S) in the space below.  
\_\_\_\_\_yes \_\_\_\_\_no

**GENERIC NAMES OF DRUGS** \_\_\_\_\_

\_\_\_\_\_

4. I am allergic to the following medications (generic names) \_\_\_\_\_

\_\_\_\_\_

5. I have a pre-existing condition. The condition is called \_\_\_\_\_  
and can manifest itself in the following way: \_\_\_\_\_

\_\_\_\_\_

*If necessary, my physician will provide information about my condition.*

Doctor's Name \_\_\_\_\_

Doctor's Telephone Number day \_\_\_\_\_ emergency \_\_\_\_\_

Doctor's Fax Number \_\_\_\_\_

6. I am allergic to or cannot eat the following foods: \_\_\_\_\_

\_\_\_\_\_

7. My blood type is \_\_\_\_\_

\_\_\_\_\_



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**HEALTH INSURANCE**

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**HEALTH INSURANCE**

*\*MCLA Health Insurance does not cover students who travel abroad*

**ARE YOU REQUIRED TO BUY TRAVEL HEALTH INSURANCE?**  Yes  No

*If yes,*

**COMPANY PROVIDING YOU WITH HEALTH INSURANCE:**

\_\_\_\_\_

**PHONE NUMBER (IN UNITED STATES):** \_\_\_\_\_

**PHONE NUMBER OVERSEAS):** \_\_\_\_\_

**Attached copy of health insurance card (please check):**

*If no,*

**CURRENT INSURANCE COMPANY** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**POLICY NUMBER** \_\_\_\_\_

**Attached copy of health insurance card (please check):**

**HEALTH INFORMATION (IN CASES WHERE STUDENT HAS INDICATED SPECIAL  
CONDITION OR NEED):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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PERMISSION FOR EMERGENCY TREATMENT

On rare occasions, an emergency requiring hospitalization, surgery, and/or other medical treatment develops. For travelers over 18 years of age, this form serves as their personal permission for treatment in the case the traveler is unable to provide immediate permission. Also, because in some countries/states, students under 18 years might not be administered an anesthetic or operated upon without the written consent of the parent or guardian, we request that the parents or guardian sign the following statement. This is to prevent a dangerous delay in case an emergency does occur and we are unable to contact the parents.

FOR STUDENTS UNDER 18 YEARS OF AGE:

In the event of injury or the illness of our daughter/son/ward:

\_\_\_\_\_ (print student's name)

born on \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

I hereby authorize the group chaperon/representative to obtain and give consent to whatsoever medical treatment the representative deems necessary, including the administration of an anesthetic and surgery, and do hereby release the chaperon, the chaperon's employer and its representatives and agents from any and all claims which may arise from the representative's obtaining and consenting to said medical treatment.

This release is effective from MONTH DATE \_\_\_\_\_ - MONTH DATE \_\_\_\_\_, YEAR, during which students and faculty are participating in the Cultural Immersion experience.

\_\_\_\_\_ (Signature of Parent or Guardian)

\_\_\_\_\_ (Printed Name of Parent or Guardian)

\_\_\_\_\_ Date Signed

STUDENTS AND PARTICIPANTS OVER 18 YEARS OF AGE AND CHAPERONS OVER AGE 18, PLEASE INDICATE YOUR CONSENT TO EMERGENCY MEDICAL ASSISTANCE BY SIGNING BELOW.

\_\_\_\_\_ (printed name)

\_\_\_\_\_ (signature) Date signed \_\_\_\_\_

\_\_\_\_\_ (date of birth - day/month/year)



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### ***MCLA Trip***

#### **PLEASE COMPLETE AND ATTACH REQUESTED COPIES**

- ***PASSPORT-A COPY OF THE INSIDE PAGES OF MY PASSPORT IS ATTACHED.  
(include only pages with relative personal information, passport number and any visas included in passport)***
  
- ***INSURANCE CARD  
A COPY OF MY HEALTH INSURANCE COVERAGE CARD -  
FRONT AND BACK or my TRAVEL INSURANCE POLICY***

***PLEASE READ AND SIGN THE FOLLOWING WAIVER OF RESPONSIBILITY.  
The traveler over age 18 or the parent or guardian's signature for the traveler under 18  
years is required on following page.***



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MCLA Trip

Participant's Agreement

As a participant in the MCLA Cultural Immersion experience, I accept and agree to the Participant's Agreement.

- I understand that my behavior as part of the MCLA Cultural Immersion experience group while traveling abroad, and traveling to and from scheduled meeting and departure cities will be governed by the same rules which apply to my behavior while I am at MCLA.
I understand that, as a participant at various attractions and overnight facilities, I am expected to abide by the rules established by the host organizations and the laws of the host country and its municipalities.
I understand that my personal behavior in lodging requires that I observe the rules of the house at all times and the verbal directions of the faculty sponsors of the program
I understand that I exhibit common courtesy toward others. In public places, while I am in the company of guides and travel company personnel, while I am traveling on buses, public and private, and when I am taken to locations such as museums, public parks, markets, galleries, restaurants, etc., I will respect the needs of others. Those needs include being able to hear and be heard, to see and be seen. I will respect the space of others. Respect of space means that I understand that at no time will I create problems for others by blocking, stopping or otherwise calling attention to myself and inconveniencing others both in the group and those who are near the group.
I understand that my safety and the safety of the other members of my group is dependent on me responding to directions, in particular those given by group leader, to remembering instructions given for emergency situations, and to paying attention at all times to those in charge of the group and its activities.
I understand that I am required to be on time for all scheduled activities.
I understand that use of illicit or controlled substances, under any circumstances, is neither permitted nor acceptable. In the event of my incarceration resulting from receiving, distribution or purchasing illicit or controlled substances, Massachusetts College of Liberal Arts and their representatives will not be responsible for me nor will they be involved in the pursuit of an outcome relative to the situation.
I understand that if my conduct does not meet the requirements of the Student Handbook per the judgment of the faculty sponsors from Massachusetts College Of Liberal Arts who will be traveling with me, I may be required to return home, to the United States, immediately. The cost of unscheduled travel will be the responsibility of myself (over 18 years) or my parents or guardian (under 18 years). If I am sent home, I understand that I will not be accompanied on the return trip by a faculty chaperon.

The consequences for failure to perform according to the Participant's Agreement are serious.

By my signature, I indicate that I accept and understand the conditions of the Participant's Agreement. (All travelers must sign)

Traveler's Signature Date

Traveler's Printed Name

By my signature, I indicate that I accept and understand the conditions of the Participant's Agreement. (Parents of travelers under 18 years of age must sign)

Parent/Guardian Signature Date

Parent/Guardian Printed Name