



Medical/Insurance Verification & Authorization Form

SUMMER 2008

Short-Term Study Abroad Program: Chinese Foreign Policy & Culture (BSS/PLS/IR 630, 3 units)

Dates of Travel: June 1-30, 2008

Name of Student: _____

Phone number: _____ **Social Security No.:** _____

Email address: _____ **Birth date:** _____

All students participating in a course requiring travel must complete this form and return it prior to departure. Students will not be able to travel unless all signatures are in place and the form is on file in the College of Extended Learning before travel begins.

Required Insurance Coverage

All students participating in a College of Extended Learning's Short-Term Study Abroad program are required to enroll and purchase the CSU-approved medical and accident coverage policy to cover any potential loss and/or illness that may occur. Because the travel insurance purchased through SFSU has limited coverage, it is highly recommended that you provide CEL with a letter from your current medical/accident insurance provider stating that their policy covers you abroad and a copy of your insurance card.

Physician Certification

My signature below certifies that this student participant has been examined by me and is physically fit to participate in the CSU study abroad program without any detrimental effect to this individual's health. Known allergies/medical condition(s) are noted.

Physician's Signature **Printed Name** **Date**

Business Address (_____) **Phone Number**

Allergies/Medical Condition: _____

► CONSENT & ACKNOWLEDGEMENT ◀

I hereby authorize consent for medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this Study Abroad Travel Program. My signature below acknowledges my understanding of the medical and insurance requirements required for participation in this CSU study travel program. I certify the attached documentation and information to this **Medical/Insurance Verification** are true to the best of my knowledge.

Participant Signature **Printed Name** **Date**