



CENTER FOR INTERNATIONAL STUDIES AND PROGRAMS

THE UNIVERSITY OF TOLEDO

Education Abroad Office

Medical Records and/or Medical Treatment Authorization

This document acknowledges that The University of Toledo selected me to participate in a University of Toledo Study Abroad Program and the undersigned hereby authorizes The University of Toledo and designated representatives to grant permission for medical and surgical treatment of said student during the participation of student in the aforementioned program.

Although the undersigned understands that, when possible, advance permission of the undersigned will be sought for an unnecessary surgical treatment, the undersigned agrees that all medical treatment and surgery may be performed when, in the opinion of competent medical authorities, the health or welfare of the Student will be adversely affected by any delay. It is understood that law of the host country in which the student is residing may require such permission.

The undersigned also authorizes the Student Health Services, Counseling Center, Wellness Services, and/or the student's private physician or therapist, to inform the Center of International Studies and Programs (CISP) regarding any health problem student is found to have which might require special consideration and/or follow-up treatment while studying abroad, and that this shall extend to and apply with respect to any medical and surgical treatment rendered the student pursuant to this authorization.

This authorization does not have an expiration date. I may cancel this authorization at any time by sending a written notice to the investigator at the following address:

**The University of Toledo
Center of International Studies and Programs
2801 W. Bancroft Street, Mail Stop 131
Toledo, OH 43606**

If I cancel this authorization, no new health information that might identify me will be gathered after that date. Information that has already been gathered may still be used and given to those previously authorized.

In the event of any medical or other emergency situation that may occur while I am participating in one of the Study Abroad Programs through The University of Toledo, I hereby authorize official representatives of The University of Toledo to release any medical or other information as they deem appropriate to ensure the safety of all students.