

Permission for Emergency Treatment

Please print the following form, and then fill in all the requested information. You must complete and sign this form. You will then need to upload or copy the form into the Permission for Emergency Treatment Questionnaire. A hard copy of this form does not have to be turned in to the Study Abroad Office. It is also advisable that you carry a copy of this signed form with you during your travels.

Applicant's Name		
Last	First	Middle
emergency requiring hospi such an emergency, The U his/her parent or guardian	n participating in an overseas study pritalization and immediate treatment. Iniversity of Memphis strongly recommor that the non-student (auditor) corticuld carry a copy of this permission a	To prevent dangerous delay in nends that the student and mplete and sign the following
•	ncy illness or injury affecting	
	, born	,
person's name		date
guardians) hereby authoriz	ants below 18 years should have this fo zes immediate hospitalization and trea ervision of a qualified physician, includ	
Known allergies to medica	tion:	
Signature		Date
Person to notify in case of	an emergency illness or accident:	
Name	Relation	nship
Address		
Telephone: Home	Work	

Important: The University of Memphis also wishes to inform students and others participating in our Study Abroad Programs/Courses that it is not possible to have access to the type of mental health assistance available in this country. In our admission process, we do not discriminate against individuals with disabilities. However, for your own welfare, we ask that if you have had any such problem that could affect your participation in the program you should consult with a mental health professional before you leave to discuss the potential stress or other adverse consequences of study abroad. Again, please be reminded that mental health treatment is not as widely accessible in many foreign countries as it is in the United States.