



## OFF-CAMPUS STUDY



### Permission to Secure Medical Treatment

MVNU students who are participating in any off-campus study program, as well as course-embedded or service-learning travel where they will be gone overnight should complete this form. The purpose of this form is to help your trip leader and the Center for Global Engagement be of maximum assistance to you should the need arise during your study away experience.

#### Participant Information

Off-Campus Program: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Full Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
(Last) (First) (Middle)

Phone/cell number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

#### Permission to Secure Medical Treatment

In the event that I am not able to make a medical treatment decision due to injury or illness, I, the participant, give permission to the below-named individual(s) to secure such treatment for me. In the case of a legal dependent, I, the legal guardian, give this same permission.

Permissions extended from this date \_\_\_\_\_ until this date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Individual's name (print) \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Individual's name (print) \_\_\_\_\_ Primary Phone # \_\_\_\_\_

**Take the completed form to the Center for Global Engagement  
(Hyson Campus Center, 2<sup>nd</sup> floor).**