



INTERNATIONAL MOBILITY MEDICAL INFORMATION AND CONSENT FORM

STUDENT INFORMATION

Last Name:	First Name:
Student Number:	Passport #:
Home Phone:	Cell Phone:
Email:	Citizenship:
Mailing Address:	
(Suite/Street/City/Postal Code)	

INFORMATION ABOUT THE INTERNATIONAL MOBILITY EXPERIENCE (“THE PROGRAM”)

Classification:

- Exchange
- Independent Study Abroad
- Field Trip/School
- Practicum/Work

Destination Country and institution/program name:	
Program Start Date:	Program End Date:
Departure Date:	Return Date:

EMERGENCY CONTACT INFORMATION

Please provide the name and contact information for two emergency contacts in Canada. By providing these contacts, you authorize us to release information to them regarding you and the Program in the event of an emergency.

Name	Home Phone	Work Phone	Cellular Phone

MEDICAL INFORMATION

Do you have any allergies, physical or mental limitations or other conditions that may affect your participation in the activities of the Program or that we should be aware of in the case of an emergency?

If yes, please list:

INSURANCE INFORMATION

BC MSP

Care Card Number:

Primary Extended Health Plan

Insurance Company:

Policy Holder:

Certificate/ID Number:

Group/Plan Number:

Supplemental Travel Health Plan

Insurance Company:

Policy Holder:

Certificate/ID Number:

WAIVER

In consideration of being permitted to participate in the International Mobility Experience outlined above (“The Program”) this agreement is entered into between Kwantlen Polytechnic University (“KPU”) and _____ (the “Student”).

1. The Student agrees to arrange for extended medical and travel insurance coverage for him/herself that will cover any medical or hospital expenses and repatriation costs that he/she may incur during the Program and any travel period before or after the Program. The Student agrees to obtain such medical insurance at the Student’s own expense.
2. The student agrees to contact the Ministry of Health (Medical Services Plan at 604 683-7151) advising them of an extended absence from Canada.
3. The Student understands that he/she is responsible for obtaining any vaccinations or inoculations that are recommended or required by the government of a foreign country in which the Student will be travelling, or by the Canadian Government for persons entering Canada from a foreign country.
4. The Student authorizes the release of medical records held by KPU or any hospital, clinic, or doctor to the designated representative of Kwantlen should a medical necessity arise.
5. The Student hereby authorizes the designated representative of KPU at her or his discretion to notify and make full disclosure to his/her parent or guardian in the event of an emergency.
6. The signature found below authorizes the designated representative of KPU to secure whatever treatment is deemed necessary for the Student in the event of an emergency, including the administration of an anesthetic and surgery.
7. The Student has informed KPU of any physical or mental limitations, allergies, or other conditions that may affect the Student’s participation in the activities of the Program.

Student’s signature:

Date:

Witness full name:

Witness signature:

Date:
