Off-Campus Semester/ Junior Abroad Programs
George Fox University

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(Submit to the Health & Counseling Center)

I authorize the George Fox University Health and Counseling Center to release my personal medical and or mental health information on the bottom of this form to the George Fox University Center for Study Abroad and the following trip leaders:

Juniors Abroad ☐ Serve Trip ☐ Semester Abroad ☐ Athletic/Team Trip ☐ Academic Dept. Trip ☐

Trip Location: _____

The information will be used on my behalf to determine if there are any physical or mental health condition(s) that might compromise my safe participation in the above mentioned program.

This authorization may be revoked by written notification to the George Fox University Health and Counseling Center. Such revocation will not affect any action taken in reliance on the consent prior to the revocation. The information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer be protected. Unless revoked earlier, this consent will expire upon completion of the above mentioned program.

I understand and agree that this information will be disclosed if I place my initials in the applicable space next to the type of information.

_____ Mental Health Information
_____ Drug/Alcohol Diagnosis, Treatment, or Referral Information

Please Print:_____ _____
Name Date of Birth

Signature of Participant:_____ Date:_____

To be completed by the GFU Health and Counseling Center

Based on the participant's Travel Abroad Medical Form, physical and mental health records, and in consideration of the specific program the student wishes to engage in:

- _____ _____ There are no known concerns reasonably expected to impede the student's successful participation and the completion of the program listed above.
- _____ _____ The following medical or mental health issues may impede the student's successful participation and completion of the program listed above. Therefore, **the student and program leader should meet to develop a plan** of support as well as a crisis contingency plan.

Medical/Mental Health Issue	Current Issue (within the last 12 months)	Has past history of
	☐	☐
	☐	☐
	☐	☐
	☐	☐

HCC Staff Member: _____

Note to HCC: Copy and return this side only to the Center for Study Abroad

Off-Campus Programs
George Fox University

MEDICAL FORM

(Submit to the Health & Counseling Center)

Please print: **Trip Location: _____**

Check one: Semester Abroad □ Juniors Abroad □ Serve Trip □ Athletic/Team Trip□ Academic Dept. Trip □

Name _____ Phone contact _____

Date of Birth _____ Age: _____ Gender: ❒Male ❒Female Height: _____ Weight: _____

Health Review:

Drug allergies: _____

What happened when you took this medication: _____

Dietary allergies, restrictions or intolerances: _____

What happens when you eat this food? _____

Serious injuries, illness, hospitalizations or surgeries in the past 24 months: (with reason and dates) :

_____

Current medical problems/conditions: _____

_____

Current prescription medications you take: _____

_____

Remember to refill your prescriptions prior to leaving for your trip!
Your trip may require vaccinations. Please see a travel clinic or the Health & Counseling Center.

Check the following problems that apply (or have applied) to you:

Yes	No		Yes	No		Yes	No	
❒	❒	Anemia	❒	❒	Cancer	❒	❒	Insomnia
❒	❒	Anxiety	❒	❒	Depression	❒	❒	Panic Attacks
❒	❒	Asthma	❒	❒	Diabetes	❒	❒	Seizures
		Do you use an inhaler ❒ **Yes** ❒ **No**	❒	❒	Eating disorder	❒	❒	Suicidal Thoughts
		(**Check to see if you need a refill before you go!**)	❒	❒	Epilepsy	❒	❒	Tooth pain/problems
			❒	❒	Heart problems	❒	❒	Other _____
			❒	❒	High blood pressure			

Please explain any items you have checked above: _____

_____

Mental health issues in the last 24 months: _____

_____

Please attach your immunization records to this form. (forms will not be accepted without your immunization record)

Signature of Participant _____ Date _____