

Princeton University Health Services

***** CONFIDENTIAL *****

Medical Profile and Consent for Care

Give this form to your trip leader/designated program abroad sponsor in a sealed envelope to be opened in case of emergency. If there is no trip leader/designated sponsor, keep the form on your person in the event that you need to provide a profile for treatment.

Name: _____ Gender: M / F

Home phone: _____ E-mail: _____

Address: _____

Date of Birth: _____

In Case of Emergency Notify:

1. Name: _____ Relationship to You: _____

Telephone: _____ E-mail: _____

2. Name: _____ Relationship to You: _____

Telephone: _____ E-mail: _____

Personal Physician:

Name: _____ Telephone: _____

Address: _____

Health Insurance:

Company: _____ Policy No.: _____

Group No.: _____ Phone: _____

Address: _____

Other Information:

Blood Type (if known): _____

Known allergies or drug reactions: _____

(please describe type and severity of reaction)

Current Medications: _____
(Include exact dosage and reason for medication)

Current medical problems or health concerns: _____
(list ALL problems, whether or not they impact your studies abroad)

Past Illness/hospitalizations/surgery: _____

Have you ever had chickenpox: Y / N

REMINDERS:

- Include an up-to-date copy of your immunization record. Current students can print out their immunization record by going to www.princeton/MyUHS. Select “immunizations” and, using the print button on the immunization page, print the immunization record. Students may also contact uhs@princeton.edu and request a PDF of the immunization record be sent to them by e-mail.
- If you have a significant allergy or health problem, obtain and wear a MedicAlert bracelet (1-800-IDALERT).
- Inform your study abroad program of any conditions which will restrict your study abroad experience or otherwise affect your ability to participate in this trip.
- Make an appointment with the Travel and Immunizations office of University Health Services (258-5357) to update immunizations and obtain travel health advice.

I give permission for this form to be kept on file with the trip leader/program abroad sponsor and to be provided to health care personnel in the event that I require medical care during my time abroad.

In the event that I am unable to give consent to medical care myself, I hereby give to the trip leader/program abroad sponsor or a duly appointed representative to consent to care for me, including medical and surgical treatment and hospitalization if necessary.

Signature: _____ **Date:** _____

For travelers under 18 years of age:

I give permission for the trip leader or his/her representative to obtain and consent to care for my son/daughter, including medical and surgical treatment and hospitalization if necessary, in the event that I cannot be reached in an emergency.

Signature of parent/guardian: _____ **Date:** _____

Phone: _____