

SUNY Downstate Health Sciences University  
School of Health Professions  
Midwifery Program  
International Health Policy Program  
PERMISSION FOR EMERGENCY TREATMENT

Applicant (Type or Print):		
Program .....	Administering Campus .....	Location Abroad
Midwifery Ed.	SUNY HSCB	
Int'l Health Policy Prog.		

Permission for emergency treatment – State University Copy  
On rare occasions a student participating in an overseas study program faces a health emergency requiring hospitalization and emergency treatment. To prevent dangerous delay in such an emergency the State University of New York strongly recommends that the student sign the following statement and that the student carry it on his/her person at all times while s/he is abroad:

In the event of an emergency, illness or injury affecting me, I, the undersigned hereby authorize immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician, including administering an anesthetic and performing necessary surgery.

My blood type is \_\_\_\_\_ (if known); known allergies to medication \_\_\_\_\_

Student's Signature:		Date:
Person(s) to notify in case of emergency, illness or accident:		
U.S. Contact		Contact Abroad:
Name & Address:		Name & Address:
Telephone:		Telephone:

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U.S. Contact		Contact Abroad:
Name & Address:		Name & Address:
Telephone:		Telephone:

The entire form should be returned to the Director of the International Health Policy Program at SUNY HSCB. The student's copy of the permission form will be returned to him/her at the beginning of the program, and should be carried on his/her person at all times while abroad as a program participant. If on religious or other grounds the student is unwilling to sign the Permission for Emergency Treatment, a written explanation signed by the student must be attached and returned to the Director of the International Health Policy Program.