

**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	SUNY Downstate	
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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Name & Address:	Name & Address:	
_____	_____	
_____	_____	
_____	_____	
Telephone:	Telephone:	

The entire form should be returned to the Director of the International Health Policy Program at SUNY Downstate. 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.