

KPU INTERNATIONAL

## INTERNATIONAL MOBILITY MEDICAL INFORMATION AND CONSENT FORM FOR STUDENTS

### STUDENT INFORMATION

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

### INFORMATION ABOUT THE INTERNATIONAL MOBILITY EXPERIENCE ("THE PROGRAM")

Classification:

- Exchange    
  Internship    
  Field Trip/School    
  Practicum/Work Experience

Other (please specify): \_\_\_\_\_

Destination Country and institution/program name (if applicable): \_\_\_\_\_

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 (the "Student") authorize Kwantlen Polytechnic University ("KPU") to release information to them regarding you and the Program in the event of an emergency.

Name	Home Phone	Work Phone	Cellular Phone

## KPU INTERNATIONAL

**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:

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**INSURANCE INFORMATION****BC MSP**

Care Card Number:

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**Primary Extended Health Plan**

Insurance Company:

Policy Holder:

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Certificate/ID Number:

Group/Plan Number:

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**Supplemental Travel Health Plan**

Insurance Company:

Policy Holder:

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Certificate/ID Number:

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**COLLECTION OF PERSONAL INFORMATION**

Personal information collected in connection with the Program, including the information collected herein, is being collected for the purpose of administering and operating the Program, including for the purpose of addressing any medical emergency which may arise concerning the Student while participating in the Program. Such personal information is collected under the authority of and will be protected, used and disclosed in compliance with British Columbia's *Freedom of Information and Protection of Privacy Act*. If the Student has any questions about the foregoing collection of information, the Student can contact:

Director, Partnerships & Pathways  
Kwantlen Polytechnic University  
12666 72<sup>nd</sup> Avenue  
Surrey, BC V3W 2M8  
ph. 604 599 2677

## KPU INTERNATIONAL

**ACKNOWLEDGEMENT AND AGREEMENT**

In consideration of being permitted to participate in the Program, the Student agrees as follows:

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. It is solely the responsibility of the Student to obtain and pay for such medical and travel insurance. Students are encouraged to contact the appropriate person at the Kwantlen Student Association ("KSA") to discuss whether the Student has any extended medical and travel insurance coverage through the KSA which would apply to the Student's travel in connection with the Program.
2. Residents of British Columbia who will be absent from British Columbia for six months or more in a calendar year, need to contact Health Insurance BC to confirm continued eligibility and discuss options for continued MSP coverage that may be available during an absence. Prior to the Departure Date noted above, 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. It is solely the responsibility of the Student to obtain and pay for any said vaccinations or inoculations.
4. The Student represents and warrants that he/she has informed KPU (under the section of this form titled "Medical Information") of any physical or mental limitations, allergies, or other conditions within the Student's knowledge that may affect the Student's participation in the activities of the Program or which may otherwise be significant in an international mobility context.

**CONSENT TO THE RELEASE OF INFORMATION AND TO MEDICAL TREATMENT**

1. The Student hereby consents and authorizes KPU to disclose the Student's medical information and other personal information in the possession of KPU (including the personal information contained in this form) to any hospital, clinic or doctor for the purpose of addressing any medical necessity regarding the Student that may arise.
2. The Student hereby consents to and authorizes the release of any of the Student's medical records or personal information held by any hospital, clinic, or doctor to KPU for the purpose of addressing any medical necessity regarding the Student that may arise.

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3. The Student hereby authorizes KPU to notify and make full disclosure to his/her emergency contacts referenced above of an emergency (medical or otherwise) relating to the Student.
4. The consents and authorizations relating to the collection, use, disclosure and release of information contained herein are valid from the date of referenced below next to the Student's signature, until the Return Date referenced above.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness full name: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_