

**INTERNATIONAL GROUP WINTER TERM  
Student Information Sheet**

**Winter Term Project Title and Year:**

**Participant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

OCMR: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Student T#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email or other contact info: \_\_\_\_\_

**Emergency Contact Information**

Parent(s) or Guardian(s): \_\_\_\_\_

Home Address(es): \_\_\_\_\_

Home Phone(s): \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Alternate Contact (optional): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Medical Information**

It is important that you disclose any medical problems (past or present), including mental health conditions, that might affect your ability to participate in this international Winter Term project. This information will not affect your acceptance into the project and will be kept confidential in accordance with the law. Relevant information will be shared with Oberlin College staff, Trip Leader(s), and/or appropriate health professionals as it pertains to your health and safety.

Do you have any allergies to medications? Yes No

If yes, please list and describe reaction and treatment:

Do you have any food or environmental allergies? Yes No

If yes, please list and describe reaction and treatment:

Please list any medications you are taking on a daily, regular, or as needed basis:

Please list any health conditions you have that may need special consideration or that may otherwise impact your participation in this program:

**Eligibility**

Are you currently on disciplinary probation? Yes No

**Insurance Enrollment**

You will be automatically enrolled in the HTH Worldwide HealthSelect Overseas Insurance Program as a condition of your participation in this international Winter Term project. Unless your Trip Leader has made other arrangements a charge for this insurance will be placed on your student account. You will be responsible for payment even if you are later unable to participate in the program for which it was purchased. (Some refunds are available for cancellations prior to departure.) Rates for 2009 are \$9/week or \$31/month. You will be enrolled for the travel dates provided by your Trip Leader, if your travel dates differ from your group's you should contact Ann Deppman, [ann.deppman@oberlin.edu](mailto:ann.deppman@oberlin.edu), to provide that information. This plan is not available to cover leisure travel of more than a few days before or after the program dates. HTH recommends that extended travel be referred to one of their leisure travel products which can be viewed and purchased online at: [hthtravelinsurance.com](http://hthtravelinsurance.com) or by calling their customer service team at: 888.243.2358. A brochure outlining the benefits provided by the HTH plan can be reviewed and downloaded at [http://www.oberlin.edu/winterterm/currentwt\\_international.html](http://www.oberlin.edu/winterterm/currentwt_international.html)

I have read and understood the above paragraph. Yes No

## Student Information Sheet Signature Page

### **Release of Information:**

The information contained in this Short Term Study Abroad Information Sheet may be made available for review by the Office of Study Away, the Dean of Studies Office, Safety and Security Personnel at Oberlin College, the Deans on Call at Oberlin College, and appropriate health care professionals. If this information is deemed pertinent to your health and safety while abroad it may also be released to your Trip Leader, host family, and host program's resident director, if applicable. In the event of any emergency abroad Oberlin College may notify your emergency contact(s) as listed on this Short Term Study Abroad Information Sheet.

By my signature below I, \_\_\_\_\_ (print name), accept and acknowledge the terms of the above paragraph.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Authorization for Oberlin College to Obtain Emergency Medical Treatment**

In the event of a medical emergency, Oberlin College, through its representatives, will arrange for you to receive emergency medical care including hospitalization and or surgery, if necessary. You will be responsible for the costs of such treatment in the event they are not covered by insurance.

By my signature below I, \_\_\_\_\_ (print name), authorize Oberlin College to obtain emergency medical treatment as stated in the above paragraph.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Certification of Accuracy and Completeness**

The information provided in this information sheet is presumed to be complete, true and accurate. It is your responsibility to update any information that becomes outdated before your departure. If you withhold information that is later determined to impact your ability to participate in this project you could be withdrawn from the program. If you are sent home for reasons related to with-held information, you will be responsible for all costs incurred.

By my signature below I, \_\_\_\_\_ (print name), accept and acknowledge the terms of the above paragraph.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return completed and signed form to Ann Deppman at The International House, 187 N. Professor St., or to Ann's attention at Peters 205.**

**ALL FORMS FOR WT 2010 Are due by November 23, 2009.**