

**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:

Insurance

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, 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 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

I have read and understood the terms of the above paragraph. Yes No

Eligibility

Are you currently on disciplinary probation? Yes No

Please return by November 23, 2009 to: Ann.Deppman@oberlin.edu, or print out and drop off to Ann's attention at The International House: 187 N. Professor St., or at Peters 205