

Student Study Abroad Safety Consent Form

Personal Information

Full Name

Student ID

Email Address

Home Institution

Study Abroad Program/Country

Emergency Contact Information

Emergency Contact Name

Relationship

Phone Number

Email

Safety and Consent

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I acknowledge that I have read, understood, and agree to follow all safety guidelines and codes of conduct provided by the study abroad program.

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I consent to receive emergency communications and will provide updated contact information if any changes occur during my program.

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I am aware of the risks involved in international travel and agree to abide by all health and safety recommendations set forth by program officials and local authorities.

Additional Comments or Special Health Needs

Student Signature

Date

Parent/Guardian Signature (if under 18)

Date