**Medical Release Form**

**Study Abroad Program Florence, Italy**

**Fall 2015**

To all students:

The Southwestern Community College District requires all students to discuss with their medical professional their ability to participate in the Study Abroad program to Florence, Italy Fall 2015.

Talk to your healthcare provider regarding:

Chronic Illness

Medications you will need

Medical Treatment Abroad

Any and all medical needs you may have

Work with your medical professional to come up with a plan to ensure your medical needs will be met during your time abroad.

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The undersigned fully understands and agrees with the following:

I have consulted with a medical professional with regard to my personal medical needs and about the location(s) where the Program is to be offered. My medical professional agrees that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I am aware of all applicable personal medical needs, and I acknowledge that I am responsible for my medical needs, and have arranges with my medical professional to meet any and all needs while I participate in the Program.

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Participant’s Name (print)

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

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