LAFAYETTE COLLEGE
MEDICAL WAIVER (FORM A)
For participation in Off-campus Study Programs

NAME OF STUDENT (PLEASE PRINT):_____
FACULTY-LED PROGRAM (Name and Location):_____
PROGRAM DATES:_____

Because Lafayette College does not have the facilities to care for students other than when they are on campus, the following has been established: any injury or illness that requires a student to be removed from his/her group to the attention of a doctor might result in the student returning home at the first opportunity. The student might be returned to his/her group because of extenuating circumstances, determined solely at the discretion of the instructor(s).

In case of medical emergency, efforts will be made to contact parents/guardians of students. In the event they cannot be reached, I hereby give permission to the physician selected by the Faculty Director to do what is medically necessary for me (my child), if and as needed.

I understand that any medical expenses will be billed directly to my insurance company or me.

I have read the above and understand and agree to these conditions and terms.

_____ _____ _____ _____
Signature of Student Date Signature of Parent/Guardian Date

I understand I must notify the Bailey Health Center if I am exposed to any communicable disease or have any illness or accidents **subsequent to the completion of this form.**

Please note: For your own safety, if you have any medical problems (physical or psychological conditions whether chronic or acute, mobility issues, etc.), you are recommended to wait until they are completely healed before entering the program. Adhering to this health standard will prevent: 1) jeopardizing not only your own, but also your group's safety and welfare, and 2) your possible removal from a program, which could be extremely difficult, time consuming and quite costly to you.

Lafayette College does not assume any legal responsibility for your health care while you are off campus.

I fully understand the information and statements contained in this form.

_____ _____ _____ _____
Signature of Student Date Signature of Parent/Guardian Date

12/18/2015