



Faculty/Staff Information Form

Faculty/Staff Member Name: _____

Destination(s): _____ **Dates:** _____ **through** _____

Please list the names of any additional people (other than Cornell students/faculty/staff) who will be traveling with you:

While Cornell College students, faculty, and staff may receive coverage through EIIA (Educational & Institutional Insurance Administrators) during international educational trips off-campus, it is important for faculty/staff to have and review their own medical insurance policy while off-campus.

In case of an emergency, I grant Cornell College permission to contact the following individual and discuss any medical or personal situation I may have encountered:

Name and Relationship

Address

City, State, Zip

Phone Number(s)

I understand that Cornell College provides to Cornell College International Off-Campus Course participants health insurance, including an emergency medical policy, repatriation, medical evacuation and non- medical assist service. I understand and agree that this policy contains exclusions and that it does not guarantee that all of the medically-related expenses I may incur will be covered. I authorize Cornell College or any of its agents to provide or authorize any reasonable, incidental, and/or emergency medical treatment, and I acknowledge and agree that I may be responsible for the cost of certain medical and health services I may incur as a result of participating in the Course at the time of treatment. I understand that I may also request

reimbursement by filing a claim for workers' compensation insurance coverage, and a determination will be made by the company at that time.

I certify that I have the necessary quantity of all my medication needed for the duration of the trip and assume all responsibility for taking said medication.

I certify that I have obtained information regarding all immunizations necessary and/or recommended for travel to the country or countries listed above.

Cell Phone Number

If you will have an alternative phone number while off-campus, please list below:

Faculty/Staff Signature

Date