

**TEXAS WESLEYAN UNIVERSITY
MEDICAL CONDITIONS FORM**

Name: _____

Program: Graduate Education Travel and Teach Program – Brazil

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Program Dates: July 3 – July 13, 2008

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_____ I am unaware of any medical conditions that would require special consideration by Texas Wesleyan University.

_____ I would like for Texas Wesleyan University to be aware of any medical conditions I may have:

I am allergic to the following medications and/or I have a special accommodation need:

I require the following medications on a regular basis:

I understand that I can take my medications with me on the trip when they are in the prescription bottles and that I will carry a prescription to be used if my medications are lost. I will also place a list of medications I am allergic to on the emergency contact information in my wallet.

Signature of Program Participant

Date

Email address: _____

Accommodations for Students with Disabilities Seeking an International Experience

(Disability Disclaimer)

The American with Disabilities Act does not govern accessibility standards in other countries, and Texas Wesleyan University is not responsible for assuring accessibility in those locations. The program directors and university will make every effort to

secure accessible accommodations and transportation; however, students with disabilities must know that some international experiences may not be appropriate for them.