

**MILLIKIN UNIVERSITY OFF CAMPUS PROGRAM INFORMATION FORM  
AND LIABILITY WAIVER**

Program: \_\_\_\_\_ Term & Year: \_\_\_\_\_ 20\_\_\_\_

**PERSONAL INFORMATION**

Name: _____	MU ID #: _____
Nickname _____	Date of Birth _____
Gender (circle) Male Female	Place of Birth _____
Year studying abroad (circle) Fr So Jr Sr	Citizenship _____
Major _____ Minor _____	<b>Permanent Address:</b> _____
Advisor _____	_____
<b>Campus Address:</b> from _____ to _____	City _____ State _____ Zip _____
City _____ State _____ Zip _____	Home Phone (____) _____
Cell Phone (____) _____	Home Email Address _____
Campus Email Address _____	

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**EMERGENCY CONTACT INFORMATION**

1. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Evening Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_

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**CONFIDENTIAL MEDICAL INFORMATION**

The following information is requested in order for us to be able to provide emergency or other needed assistance during the immersion. All this information will be kept confidential and only shared with Millikin's Public Safety and your Program Leader.

Are you currently being treated for any physical or emotional condition? Yes No  
(If yes, please explain)

Please list any allergies: Will you be taking any medications? Yes No  
(If yes, please list)

Do you have any dietary restrictions? Yes No  
(If yes, please explain)

Please provide any additional health information that might be helpful to the program leaders:

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**Health and Accident Insurance Coverage** is required of all participants in University Domestic Immersions. I will be covered by a health and accident insurance policy for the duration of my program as a participant in the above-named program. This insurance is provided through:

Insurance Company: Policy Number \_\_\_\_\_  
Issued by the \_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date



