



Medical Consent and Emergency Contact

Office of International Programs

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Phone: 575.562.4697 | international.advisor@enmu.edu

Student Information

Legal name: Last: _____ First: _____ Middle: _____

ENMU ID number: _____ Birthdate: _____

Biological Sex: Male Female Gender: Male Female Non-Binary

Program: _____

Program start date: _____ Program end date: _____

Please answer the following questions to the best of your knowledge.

If you answer yes to any of the questions, please supply details. You may use the reverse side if necessary.

Do you have a medical and/or emotional condition anyone should be aware of? Yes No

Are you currently taking any medications (prescription and non-prescription)? Yes No

Do you have allergies to medication, food, insects, etc.? Yes No

If yes, please list your treatment plan, including medication

Do you have special concerns or needs that may require advance arrangements? Yes No

Emergency Contact Information

Emergency contact: _____ Relationship: _____

Mailing address: _____ City: _____ State: _____ ZIP: _____

Mobile: _____ Phone: _____

Email: _____

Acknowledgement and Signature

I, _____ authorize the Eastern New Mexico University CONAHEC Study Abroad program and the following person(s) [host university, parents, or guardians] _____ to use this information and their best judgment in obtaining medical attention for me in the event of a medical emergency in which I am unable to respond.

Student printed name

Student signature

Date