



MASSACHUSETTS COLLEGE OF LIBERAL ARTS

MCLA Trip

PARTICIPANT INFORMATION for Travel Program

NAME OF TRAVELER _____ AGE _____

BIRTH DATE _____ PARTICIPANT'S PERMANENT ADDRESS:

_____ apt. # _____

(city) _____ (state) _____ (zip) _____

PERMANENT HOME TELEPHONE NUMBER: () _____

EMAIL ADDRESS _____

PARENT/SPOUSE NAME _____

PARENT/SPOUSE HOME PHONE () _____

PARENT/SPOUSE WORK PHONE () _____

PARENT/SPOUSE CELL () _____

PARENT/SPOUSE FAX () _____

1ST PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME _____

_____ RELATIONSHIP TO STUDENT

ADDRESS _____

(city) _____ (state) _____ (zip) _____

HOME PHONE () _____ WORK PHONE () _____

CELL () _____ FAX () _____

2ND PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME _____

_____ RELATIONSHIP TO STUDENT

ADDRESS _____

(city) _____ (state) _____ (zip) _____

HOME PHONE () _____ WORK PHONE () _____

CELL () _____ FAX () _____



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STUDENT INFORMATION

**Information for Student Travel Abroad (IF NOT going Abroad, skip this page)
Information will be kept on file in Academic Affairs as well as Public Safety.**

Basic Roster information for each participant:

A# _____

CAMPUS DORM: _____

PARTICIPANTS NATIONALITY: _____

Attached copy of passport photo page (please check):

**NAME OF STUDY ABROAD
INSTITUTION** _____

ADDRESS _____

ADVISOR/LIAISON PROVIDED BY STUDY ABROAD INSTITUTION:

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ABROAD HOUSING INFORMATION

ADDRESS: _____

ROOM/DORM PHONE: _____

CCIS CONTACT PERSON

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____



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FACULTY INFORMATION

FACULTY MEMBER: _____

MCLA TRAVEL COURSE TO: _____

This information needs to be returned to Deborah Currie in the Academic Affairs office, no later than three weeks prior to departure.

Upon arrival at your destination, please email Academic Affairs so we know you have arrived safely.

ATTACH CLASS ROSTER

TRAVEL INFORMATION TO: _____
(Destination)

ITINERARY DATE(s): _____
(Date)

DEPARTING TIME FROM MCLA: _____

TRANSPORTATION FROM MCLA TO AIRPORT: Bus: MCLA Van
Driver(s) Name(s) _____

AIRLINE INFORMATION: _____ **Flight Number:** _____
(Name of Airline)

HOTEL NAME(s): _____ **Hotel Phone:** _____

**If more space is required, please attach a separate sheet **

HOTEL FAX: _____

TOUR COMPANY NAME: _____

TOUR CONSULTANT: _____

TOUR COMPANY PHONE NUMBER: _____

TOUR COMPANY ADDRESS: _____

TOUR NAME: _____ **TOUR NUMBER:** _____

TOUR DIRECTOR IN DESTINATION COMPANY: _____

Day 1 (date):
Day 2 (date):
Day 3 (date):
Day 4 (date):
Day 5 (date):

Day 6 (date):
Day 7 (date):
Day 8 (date):
Day 9 (date):
Day 10 (date):

Contact information for relevant embassy or consular phone numbers and address:

CAMPUS CONTACT PERSON FOR THE TRAVEL:

Please review the State Department's website for traveling abroad:
<http://travel.state.gov/content/studentsabroad/en.html>

We strongly encourage you to register with:

<https://step.state.gov/step/>



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HEALTH AND MEDICATION INFORMATION

HEALTH INFORMATION

1.

• Do you have any health problems that could affect your participation in this program?
If so, please describe. _____

• Because of health problems that are identified above, I may exhibit the following
behavior or demonstrate the following symptoms: _____

• The best way to treat or deal with the above described symptoms or behavior is to: _____

2. Do you wear contact lens or glasses? _____ If yes, I have attached a copy of my
prescription to this form. ___yes ___no

3. I take prescription drugs. _____ yes ___no If yes, I have attached a copy of the
prescription(s) and included THE GENERIC NAME OF THE DRUG(S) in the space below.
_____yes ___no

GENERIC NAMES OF DRUGS _____

4. I am allergic to the following medications (generic names) _____

5. I have a pre-existing condition. The condition is called _____
and can manifest itself in the following way: _____

If necessary, my physician will provide information about my condition.

Doctor's Name _____

Doctor's Telephone Number day _____ emergency _____

Doctor's Fax Number _____

6. I am allergic to or cannot eat the following foods: _____

7. My blood type is _____



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HEALTH INSURANCE

HEALTH INSURANCE

**MCLA Health Insurance does not cover students who travel abroad*

ARE YOU REQUIRED TO BUY TRAVEL HEALTH INSURANCE? Yes No

If yes,

COMPANY PROVIDING YOU WITH HEALTH INSURANCE:

PHONE NUMBER (IN UNITED STATES): _____

PHONE NUMBER OVERSEAS): _____

Attached copy of health insurance card (please check):

If no,

CURRENT INSURANCE COMPANY _____

PHONE NUMBER _____

POLICY NUMBER _____

Attached copy of health insurance card (please check):

**HEALTH INFORMATION (IN CASES WHERE STUDENT HAS INDICATED SPECIAL
CONDITION OR NEED):**



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PERMISSION FOR EMERGENCY TREATMENT

On rare occasions, an emergency requiring hospitalization, surgery, and/or other medical treatment develops. For travelers over 18 years of age, this form serves as their personal permission for treatment in the case the traveler is unable to provide immediate permission. Also, because in some countries/states, students under 18 years might not be administered an anesthetic or operated upon without the written consent of the parent or guardian, we request that the parents or guardian sign the following statement. This is to prevent a dangerous delay in case an emergency does occur and we are unable to contact the parents.

FOR STUDENTS UNDER 18 YEARS OF AGE:

In the event of injury or the illness of our daughter/son/ward:

_____ (print student's name)

born on _____ (day) _____ (month) _____ (year)

I hereby authorize the group chaperon/representative to obtain and give consent to whatsoever medical treatment the representative deems necessary, including the administration of an anesthetic and surgery, and do hereby release the chaperon, the chaperon's employer and its representatives and agents from any and all claims which may arise from the representative's obtaining and consenting to said medical treatment.

This release is effective from MONTH DATE _____ - MONTH DATE _____, YEAR, during which students and faculty are participating in the Cultural Immersion experience.

_____ (Signature of Parent or Guardian)

_____ (Printed Name of Parent or Guardian)

_____ Date Signed

STUDENTS AND PARTICIPANTS OVER 18 YEARS OF AGE AND CHAPERONS OVER AGE 18, PLEASE INDICATE YOUR CONSENT TO EMERGENCY MEDICAL ASSISTANCE BY SIGNING BELOW.

_____ (printed name)

_____ Date signed _____

_____ (signature)

_____ (date of birth - day/month/year)



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PLEASE COMPLETE AND ATTACH REQUESTED COPIES

- ***PASSPORT-A COPY OF THE INSIDE PAGES OF MY PASSPORT IS ATTACHED.
(include only pages with relative personal information, passport number and any visas included in passport)***

- ***INSURANCE CARD
A COPY OF MY HEALTH INSURANCE COVERAGE CARD -
FRONT AND BACK or my TRAVEL INSURANCE POLICY***

***PLEASE READ AND SIGN THE FOLLOWING WAIVER OF RESPONSIBILITY.
The traveler over age 18 or the parent or guardian's signature for the traveler under 18
years is required on following page.***



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Participant's Agreement

As a participant in the MCLA Cultural Immersion experience, I accept and agree to the Participant's Agreement.

- I understand that my behavior as part of the MCLA Cultural Immersion experience group while traveling abroad, and traveling to and from scheduled meeting and departure cities will be governed by the same rules which apply to my behavior while I am at MCLA.
I understand that, as a participant at various attractions and overnight facilities, I am expected to abide by the rules established by the host organizations and the laws of the host country and its municipalities.
I understand that my personal behavior in lodging requires that I observe the rules of the house at all times and the verbal directions of the faculty sponsors of the program
I understand that I exhibit common courtesy toward others. In public places, while I am in the company of guides and travel company personnel, while I am traveling on buses, public and private, and when I am taken to locations such as museums, public parks, markets, galleries, restaurants, etc., I will respect the needs of others. Those needs include being able to hear and be heard, to see and be seen. I will respect the space of others. Respect of space means that I understand that at no time will I create problems for others by blocking, stopping or otherwise calling attention to myself and inconveniencing others both in the group and those who are near the group.
I understand that my safety and the safety of the other members of my group is dependent on me responding to directions, in particular those given by group leader, to remembering instructions given for emergency situations, and to paying attention at all times to those in charge of the group and its activities.
I understand that I am required to be on time for all scheduled activities.
I understand that use of illicit or controlled substances, under any circumstances, is neither permitted nor acceptable. In the event of my incarceration resulting from receiving, distribution or purchasing illicit or controlled substances, Massachusetts College of Liberal Arts and their representatives will not be responsible for me nor will they be involved in the pursuit of an outcome relative to the situation.
I understand that if my conduct does not meet the requirements of the Student Handbook per the judgment of the faculty sponsors from Massachusetts College Of Liberal Arts who will be traveling with me, I may be required to return home, to the United States, immediately. The cost of unscheduled travel will be the responsibility of myself (over 18 years) or my parents or guardian (under 18 years). If I am sent home, I understand that I will not be accompanied on the return trip by a faculty chaperon.

The consequences for failure to perform according to the Participant's Agreement are serious.

By my signature, I indicate that I accept and understand the conditions of the Participant's Agreement. (All travelers must sign)

Traveler's Signature Date

Traveler's Printed Name

By my signature, I indicate that I accept and understand the conditions of the Participant's Agreement. (Parents of travelers under 18 years of age must sign)

Parent/Guardian Signature Date

Parent/Guardian Printed Name