

Student Organizations Traveling Abroad

Task List

- Trip Proposal – Organization must submit a proposal to the Student Activities & Organizations area of the Office of the Dean of Students (SAO), outlining the proposed trip. At a minimum, the proposal must contain the following elements: country(ies) being visited; purpose/objective of trip; dates; accompanying faculty member(s), if appropriate; name and contact information for staff/faculty not traveling with the group serving as the emergency contact; proposed in-country itinerary; proposed costs; and discussion of any health/safety concerns, along with how these will be addressed. The proposal should be submitted to SAO for approval, accompanied by a Travel Planning Form, no less than 90 days prior to departure.
- Passport/Visa Photos – Minimum of two required; more may be needed if country being visited requires a visa.
- Obtain U.S. Passports – Will be at cost plus two passport photos and official birth certificate; processing time is 4-8 weeks minimum; students already holding a passport must insure that their passport is valid a minimum of six months beyond the proposed dates of travel.
- Obtain Overseas Visa(s) – Requirements and costs vary by country; may require several weeks lead time, in addition to time required to obtain a passport.
- Secure Airline Tickets – Tickets will generally be paid for by each student directly, working with the travel agency involved.
- Obtain International Student ID Cards – Will be at cost plus one passport photo; provides basic medical coverage, evacuation, etc.; may provide discounts on fares, museum admissions, etc. Contact the study abroad office for more information. Students obtain/purchase card directly; Optional
- Obtain International Medical Insurance – Will be a cost per month or portion thereof; obtained through Purdue Risk Management; provides more extensive medical coverage; application form available in Dean of Students office; form must be submitted two weeks prior to departure date; payment is collected by organization and funds routed through the Business Office for Student Organizations (BOSO).
- Put together an Information Packet on each traveler: Make **three** copies of the Information Packet; one to remain with group leader traveling with group, one to faculty/staff advisor not traveling with the group who will be on call for the duration of the trip, the third to be on file with SAO. The Information Packet must include the following:
 - **Vital Pages of the Student's Passport**
 - **Emergency Contact Information Form**
 - **Statement of Responsibility and Assumption of Risk** – for any student less than 18 years of age must also include signature of parent/guardian
 - **Medical Information Form**
 - **Documentation of Study Abroad Insurance Coverage**
- Plan/Arrange Orientation Activities – Orientation must include discussion of issues related to health/safety abroad in the country(ies) being visited; country and program-specific information should also be presented

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Orientation Topics

Travel and Packing

Travel arrangements (itinerary, times, etc.)
Time to arrive at airport
Check-in procedures (security, weight limits)
U.S. Customs procedures upon return (no fruits, vegetables, meats)
Packing list/tips (include discussion of appropriate clothes/dress)
Prescription medicines, contacts, etc.
Other medicines to pack (Imodium, headache medication, sun block, etc.)

General Information

Communicating with family/friends back home (email access, phone cards)
Money matters (how much to take and in what form)
Cultural Do's / Don'ts

Health and Safety Issues

Brief discussion of insurance coverage
Water and food concerns
Traveling in taxis and on buses
How to avoid being a victim of crime
Where to go/not go
How to avoid being too American...
What to do if you get sick
How/where to contact group leader(s)
Attitudes toward alcohol
Sexual attitudes/norms
Sexually transmitted diseases

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Check List for Forms

Name of Student Traveling	Passport copy	Emergency Information	Statement of Responsibility	Medical Form	Insurance
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



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Emergency Contact Information Form

Name:

Student organization:

Event title:

Country:

Date of activities:

Local Information
Address, phone number, email address:
Permanent Information
Address, phone number, email address:
Parent/primary support Information
Name, address, phone number, email address:
Other Relevant Information
Name, relationship to student, address, phone number, email address:



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Statement of Responsibility and Assumption of Risk

Name: _____ PUID#: _____

Student Organization: _____ Dates of trip: _____

Destination: _____ Purpose of trip: _____

In consideration of being allowed to participate in a Purdue University Student Organization Activity, I hereby agree to the following conditions of participation:

1. Personal Conduct: I understand that as a visiting student in a foreign country, I shall be subject to the laws of that country and the rules and regulations of the institution with which I am engaged. I further understand and agree to the following conduct stipulations:
 - a) While enrolled in and attending the Student Organization Activity (herein after referred to as Activity), students are expected and required to abide by the rules and regulations established by Purdue University. The actions that constitute misconduct for which students may be subject to disciplinary penalties are promulgated in Part V, Section III, B, 2 of University Regulations, a current copy of which is provided with this agreement.
 - b) Failure to comply with the conduct proscriptions enumerated in Part V, Section III may result in disciplinary action administered by an official University representative (herein after referred to as Representative) in residence with the Activity or a representative of the foreign institution in cases where a University representative is not in residence with the Activity. Further disciplinary measures may be initiated by the Office of the Dean of Students in accordance with prescribed procedures referenced in Part V, Section III and may be done when practical and feasible under the circumstances.
 - c) Cases of misconduct occurring while engaged in the Activity may be adjudicated on site by the Representative by issuance of a written notice of charges if the outcome may result in dismissal from the Activity. The accused will be provided an opportunity to be heard in person by the Representative.
 - d) The disciplinary process conducted by the Representative may result in dismissal of the charges, a verbal or written warning, Activity probation, or termination from the Activity. The decision of the Representative is final with no right of appeal. Students terminated from the Activity will be held responsible for all Activity costs incurred on their behalf.
 - e) For the duration of the Activity students are considered to be engaged in an official University activity and must comply with all rules and regulations that pertain thereto.
2. Responsibility During Free Time: I understand that during free time within the period of the Activity and after the period of the Activity I may elect to travel independently at my own expense. I agree to inform the proper authorities abroad of my travel plans and understand that the Office of the Dean of Students and/or staff or its counterparts overseas are not responsible for me while I am traveling independently during such free time.
3. Theft and Other Crimes: I agree to release Purdue University and the Office of the Dean of Students and its staff from any liability for damage to or loss of my possessions, injury, illness, or death arising out of crimes during the period of the Activity.

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4. General Release and Waiver: I release Purdue University and the Office of the Dean of Students and its staff from any liability for damage to or loss of property, injury, illness, or death during the period of the Activity arising on the part of fellow participants, host family members, agencies and educational organizations, persons or groups with which the University and the Office of the Dean of Students contracts for the provision of services for the Activity or which have been suggested by Activity faculty as resources for the students.
5. Purdue Student Responsibility: I understand that as a Purdue student, I will be viewed as a representative of my university and my country. It is my intention to act as a good will ambassador and conduct myself in a fitting manner.

I have read, understand and accept each of the above conditions, numbered 1, 2, 3, 4, & 5.

Signature of Participant

Date

To: Parent or Legal Guardian of the above signed: If the above signed is claimed as a dependent on your annual federal tax return, your signature is required below.

As the parent or legal guardian of the participant whose signature appears above, I have read and understand the conditions outlined above (numbered 1, 2, 3, 4, & 5), have given my child or ward permission to participate in the Student Organization Activity, and agree to be bound by the conditions outlined above as if I myself had signed above.

Signature of Parent/Legal Guardian

Date

Check if signature is not needed

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Medical Information Form – page 1

Instructions

To the Applicant

Please complete sections I, II and III.

If you answer “Yes” to any questions in Section II, make sure to give details in the space available. If you need more space, attach another sheet.

If you answer “Yes” to questions 2 or 3 in Section III, the physician who is primarily responsible for your condition will need to complete Section IV. A visit to your physician is not required unless your doctor considers it necessary to update your medical status.

Medical Report Review

An applicant will not be rejected due to either his/her physical or emotional condition unless it is of such a serious nature as to prevent successful participation in the activity, unless medical care for a patient’s medical problem is not available in the country in which the applicant will be staying, and/or the living and environmental conditions to which the applicant could be exposed would present a risk to the health of the individual.

A health record is confidential and accessible only to health personnel and the staff of the Office of the Dean of Students and the individual student organization sponsoring the activity. Information regarding an applicant’s health, however, is important in anticipating and dealing with health problems which may arise during the student’s stay abroad.

Future Medical Problems

Should you develop significant health problems between the time you have completed this form and commencement of the activity, which may influence your participation in the program, it is your responsibility to notify the Office of the Dean of Students at Purdue University. A medical report should accompany this notification.

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Medical Information Form – page 2

I. General Information

Name _____ Date of Birth _____ Sex _____

Permanent Address _____
Street City State Zip Code

Student Organization: _____

Date of Activity: _____ Destination: _____

II. Personal History (to be completed by the student)

Have you ever had or do you now have (check yes or no):

	Yes	No		Yes	No
Chicken Pox			Chronic Skin Problems		
Hepatitis			Epilepsy		
Infectious Mononucleosis			Fainting Spells		
Tuberculosis or contact with Tuberculosis			Migraine Headaches		
Malaria			Endocrine Disorder(s)		
Heart Problems			Diabetes Mellitus		
High Blood Pressure			Anemia		
Irregular or Rapid Heart Beat			Anxiety Reactions		
Pain or Pressure in the Chest			Allergies to Medications		
Asthma			Operations(s)		
Significant Allergic Reaction(s)			Serious Accident(s)		
Chronic or Recurrent Gastrointestinal Problems			Physical Handicap(s) (please elaborate)		
Kidney Problems			Are you currently taking any medications (list)		
Hernia			Other		

Give details of those items checked “Yes” using the space below, adding additional sheets if necessary. Indicate problem, diagnosis if known, and whether recovery has been complete or if still under treatment.

III. Current Medical History

1. Have you been in good health during the past 12 months? Yes _____ No _____

2. Do you have any significant chronic medical conditions requiring on-going medical supervision and treatment, or have you had in the past any significant condition which is currently in remission? (Ex. diabetes, heart problems, chronic or recurrent gastrointestinal disorder, seizure disorder, treatment for cancer, bleeding disorder, etc.) Yes _____ No _____

3. Are you currently receiving, or have you received in the past two years, counseling for any emotional problem, drug addiction, alcoholism, psychiatric condition or eating disorder? Yes _____ No _____

4. Do you have any dietary restrictions or food allergies? Yes _____ No _____

*If you answered yes to #2 or #3, the physician primarily responsible for your care must fill out Section IV.

I certify that all responses made on this Medical Information Form are true and accurate, and I will notify the student organization hereafter of any relevant changes in my health that occur prior to the start of the trip.

Signature of Applicant _____ **Date** _____

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IV. Physician's Report

The applicant has indicated a chronic and/or recurrent health problem. You are being asked to evaluate the physical and/or mental health of the above named applicant for participation in a study abroad program. The availability of medical services in the country(ies) the applicant will be traveling should be considered. If needed, please use the space below.

Diagnosis _____

Medications and Dosage _____

Stability of condition over the past two years _____

Recommendations for care of this individual _____

Is this individual capable of participating in the program to which he/she is applying? Yes _____ No _____

Signature of M.D.: _____ Phone: _____

Address: _____



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Avian Flu

Some students have asked about Purdue's preparations associated with Bird Flu and we want to alert you to an open memo which has placed on the study abroad website. <http://www.studyabroad.purdue.edu/safety/AvianFlu.cfm>

You may also be aware of the following press release from Purdue University News Services. This document likewise describes what you can do to further minimize any risk.

<http://news.uns.purdue.edu/UNS/html3month/2006/060302.Westman.birdflu.html>

In short, the situation is being monitored but there is no evidence currently to expect any Purdue student to be in jeopardy. Please read the websites and make your parents aware of the same. You and your parents are urged to contact Brian Harley, Director of Programs for Study Aboard, at 765-494-8733 if you have any questions.