

**MIAMI UNIVERSITY  
GEOLOGY DEPARTMENT**

**TROPICAL ECOSYSTEMS OF COSTA RICA WORKSHOP  
May 19 - June 3, 2001**

CERTIFICATE OF MEDICAL INSURANCE COVERAGE

VALID IN COSTA RICA  
(name of country)

I hereby certify that the undersigned student will be covered by medical insurance and emergency flight return insurance valid in COSTA RICA during the time May 19 - June 3, 2001 that he or she will be there as a student at Miami University's workshop,

**TROPICAL ECOSYSTEMS OF COSTA RICA WORKSHOP**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Legal Guardian's Signature  
(Required if student is under age 18)

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Emergency (Medivac) flight return insurance? (Provided automatically with International Student Identification Card) \_\_\_\_\_

**PLEASE ATTACH:1) COPY OF MEDICAL INSURANCE CARD (BOTH SIDES)  
2) COPY OF INTERNATIONAL STUDENT ID CARD**

**PLEASE RETURN COMPLETED FORM TO HAYS CUMMINS  
BY FRIDAY, APRIL 6, 2001.**

MIAMI UNIVERSITY  
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**TROPICAL ECOSYSTEMS OF COSTA RICA WORKSHOP  
MAY 19 - JUNE 3, 2001**

AUTHORIZATION FOR MEDICAL PROCEDURES AND  
RELEASE OF MEDICAL INFORMATION

I hereby grant permission to any licensed physician or dentist to perform emergency treatment on the undersigned student while he or she is participating in the Miami University

workshop **TROPICAL ECOSYSTEMS OF COSTA RICA WORKSHOP**  
located in (name of course or program)

**COSTA RICA** from **May 19, 2001** through **June 3, 2001**  
(name of country) (date) (date)

Because of the nature of the program, I further acknowledge and agree that Miami University officials responsible for the program have a need to know and a right to know about medical procedures and the prognosis of any medical condition that may affect my continuing participation in the program. As such, I hereby authorize medical personnel to release medical information relevant to my continuing participation in the workshop,

**TROPICAL ECOSYSTEMS OF COSTA RICA WORKSHOP** , in **COSTA RICA**  
(name of course or program) (Name of Country)

to the aforementioned Miami University personnel on a need to know basis.

The following is information concerning medical history, including allergies, medications being taken, and any physical impairments, to which a physician should be alerted:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Legal Guardian's Signature  
(Required if student is under age 18)

- OVER -