



Reasonable Accommodation Request Form

If you choose to disclose any disability-related needs, please complete this form completely and return it at the pre-departure orientation meeting.

If you choose not to disclose, WCCCSA may not be able to assist you in arranging disability-related accommodations after your arrival.

WCCCSA is committed to providing services to students with disabilities who are eligible for accommodations under Section 504 of the Rehabilitation Act or the American with Disabilities Act. If you are receiving disability-related accommodation(s) at your college, WCCCSA will strive to arrange disability related accommodation(s) for you at your study abroad site in conjunction with your college and the service provider contracted for WCCCSA for this program.

Today's Date:

Student/Participant Name:

Email:

Phone:

Program Destination:

Quarter:

Home College:

1. Do you anticipate requiring disability-related accommodation(s) at the program site? **Yes** **No**

1a. If **YES**, please attach any available documentation from your home school describing the arrangements they provide for you (e.g a letter from Disability Services) **and/or** outline the accommodations you are requesting. (Some students may not need accommodations on campus but will while abroad)

2. Are you currently receiving, or have you recently received, medical or psychological care of which you think we should be aware of in case of an emergency? (e.g severe allergies, chronic health, psychiatric condition?) **Yes** **No**

2a. If **YES**, please attach any available documentation from your home school describing the arrangements they provide for you (e.g a letter from Disability Services) **and/or** outline the accommodations you are requesting.

3. Are you attaching or providing any other additional information that you can share with us to help us prepare to accommodate your special requirement(s). **Yes** **No**

MEDICAL REPORT FORM FOR STUDY ABROAD PROGRAMS

INSTRUCTIONS TO PROGRAM PARTICIPANT:

Please print legibly or type the information requested below. Your physician is requested to complete the remainder of the Medical Report and return it to you. Please ensure that the information on the Medical Report is complete and accurate, and return the Medical Report to the **Study Abroad Office at least 4 weeks prior to your departure**. ALL INFORMATION PROVIDED ON THIS MEDICAL REPORT IS CONFIDENTIAL AND WILL NOT BE RELEASED EXCEPT AS AUTHORIZED BY THE PARTICIPANT, BELOW.

Full Name: _____

Male Female

Birth Date _____/_____/_____

U.S. Mailing Address: _____

Height: _____ Weight: _____ Country(ies) of travel: _____

List any allergies: _____

List any medications you are taking: _____

If on a restricted diet, please describe: _____

Have you ever been treated by a mental health professional or counselor for any mental, emotional, or nervous disorder or illness or addiction in the past five years? YES NO

If YES, please provide a brief description here: _____

Give all documentation pertaining to the mental illness/disorder to the physician completing this Medical Report. Your mental health professional's report will be kept confidential and will NOT be submitted to the College.

EMERGENCY CONTACT: _____ Relationship: _____

Mailing Address: _____

Tel: _____ E-mail: _____

EdCC Medical Form

RELEASE TO BE SIGNED BY PARTICIPANT

I hereby authorize and consent to the release of the information in this Medical Report to the Study Abroad Office of Edmonds Community College and to the coordinator(s) of my study abroad program, including any information about my health status with respect to HIV/AIDS, sexually transmitted disease(s), mental illness and/or substance abuse on a need-to-know basis as determined by a health care professional in order to safeguard my health, safety, and welfare as well as that of the program participants during the course of my program abroad.

Signed: _____

Date: _____

"The information provided on this Medical Report is true and correct to the best of my knowledge, and I will take full responsibility for participating in a comprehensive health examination as well as undergoing all required vaccinations and immunizations in preparation for my study abroad program."

Participant's signature: _____

Date: _____

INSTRUCTIONS TO THE PHYSICIAN COMPLETING THIS MEDICAL REPORT:

Thank you for evaluating the physical and mental health of the above-named study abroad program participant. Depending upon the program, participants spend anywhere from 2 weeks to 3 months abroad. It is extremely important that all participants be able to adjust to the dramatic changes in climate, diet, and living conditions. Living overseas can also create emotional and physical stress for participants; in some cases, mild disorders can become serious under the stress of life in unfamiliar surroundings. Participants live in homes with local families or in apartments with other student travelers; participants may live and study in a situation which offers few amenities and little privacy. A participant will not be removed from a program due to either a physical or emotional condition unless it is of such a serious nature that the participant becomes a danger to himself/herself or a danger to others. It is essential that this Medical Report be based on a current and thorough physical examination and knowledge of the participant's medical history. Information in this Medical Report will be shared with relevant parties only under the authorization of the participant. Please return this Report to the participant upon completion of your examination. Thank you.

How long have you been the participant's physician?* : _____

*REPORTS PREPARED BY PARENT-PHYSICIANS ARE NOT ACCEPTED

Date of last medical examination/treatment: _____

Participant's general state of health is: Good Fair Poor

Is the participant or does the participant have:

1. Seriously underweight or overweight? YES NO

2. Allergic to any medication? YES NO

3. Significant speech, hearing, or eyesight impairment? YES NO

4. Any physical disability that might result in severe hardship due to change in diet, carrying luggage/parcels, climate change, or strenuous travel? YES NO

EdCC Medical Form

- 5. Please identify any congenital malformation now existing that may require additional treatment and your medical recommendation for treatment below: YES NONE
- 6. Has participant ever suffered from asthma or other respiratory ailment? YES NO
- 7. Has the participant any infectious or contagious disease? YES NO
- 8. Has the participant ever had an eating disorder? YES NO
- 9. Is participant currently under treatment or observation for any physical or emotional condition? YES NO
- 10. Is there any history of emotional disturbance in the participant? For example, unusual difficulties in relations with authority figures or peers, significant mood swings, depression, severe sleep disorder, severe anxieties, fear, or guilt. YES NO
- 11. To your knowledge, are there any predisposing/preexisting medical, surgical, or emotional factors which may, under stress or duress encountered during the program, present a need for immediate therapy while abroad? YES NO

IF THE ANSWER TO ANY OF THE QUESTIONS ABOVE IS YES, PLEASE ELABORATE IN THE SPACE PROVIDED BELOW, REFERRING TO THE QUESTION ABOVE BY ITS NUMBER.

Print Physician's name

Physician's signature

Date

Office mailing address

Telephone

Fax



GUIDELINES FOR PROGRAM PARTICIPANTS

As an Edmonds Community College Study Abroad student, your conduct inside and outside the classroom reflects upon the College. We also expect you to abide by the laws and respect the customs of the host country. As a participant of study abroad, understand that you are still considered an Edmonds Community College student.

Participant misconduct

“Participant misconduct” can be defined as any situation in which you jeopardize your own welfare, that of fellow program participants, or of the program; excessive absences from classes or failure to complete course work (if you are participating in the class for credit); abuse of the cultural norms of the community; drug, alcohol, or substance abuse; or violation of the laws of the host country or the regulations governing the host institution; failure to comply with the direction of a college official or employee who is acting in the legitimate performance of their duties, including refusal to properly identify oneself to such a person when requested to do so; conduct which is disorderly, lewd, or obscene, or breach of the peace.

“Participant misconduct” can result in your dismissal from an Edmonds Community College study abroad program. Dismissal from a program, whether voluntary or not, shall not release you from your obligation to make any and all payments of the program fees.

Participant Statement of Understanding and Agreement

“I, the undersigned, wish to participate in a study abroad program offered through Edmonds Community College. In exchange for the consideration of my application for admission to the Edmonds Community College study abroad program, I understand and agree to the following:

1. I am responsible for timely payment of all program fees and understand that an academic “hold” may be placed on my college records unless and until I make all required payments that are due to my college.
2. I am responsible for the completion of all academic requirements of my program, including, but not limited to, classroom work, assignments, projects, field trips, and various assessment and evaluation processes.
3. I am subject to the Student Code of Conduct (or its equivalent) of Edmonds Community College. I understand that if I violate the Student Code of Conduct, I may be dismissed from the program and lose all academic credit for the program, but will remain responsible for full payment of all program fees. I understand that the Student Code of Conduct is primarily designed for on-campus governance, and therefore, where the Student code of Conduct is silent, or where there is an apparent conflict between it and these Guidelines, I agree to abide by the Guidelines stated here. I may request a copy of the Student Code of Conduct from my college study abroad advisor.
4. I may not manufacture, purchase, possess, and/or use any illegal or unauthorized substance for the duration of the Edmonds Community College study abroad program, including my free time. I understand that the purchase or possession of illegal substances jeopardizes myself, other program participants, and the program itself. I understand that neither the program, nor Edmonds Community College, nor the US Embassy, can obtain my release from custody of local law enforcement authorities. I understand that the violation of this rule of conduct may result in immediate dismissal from the program and the loss of all academic credit for the program. I further

understand that I would remain responsible for the full payment of all program fees as well as the cost of a one-way plane ticket from Guatemala to Seattle.

5. I am responsible for informing, in writing, the program representatives of any plans to travel away from my living accommodations before, during, and after the period of the program. I understand that Edmonds Community College, its staff, agents, and representatives are not responsible in any way for any non-program sponsored travel.
6. I am responsible for providing to Edmonds Community College a complete and accurate medical history, including psychiatric, learning, physical, and sensory conditions for my own health and safety during the program. The medical form is available from my college study abroad advisor.
7. I am responsible for requesting reasonable accommodations related to a documented disability in a reasonable time frame prior to my departure from the USA. I understand that my requested accommodations may not be available at the overseas site, but that every reasonable effort will be made to provide alternative reasonable accommodations whenever possible.
8. I understand that if I do not make my need for reasonable accommodations known in writing to Edmonds Community College, in a timely manner, that Edmonds Community College may delay my participation in the program until reasonable accommodations can be made on my behalf.
9. In consideration of the opportunity to participate, I release Edmonds Community College, its staff, agents, or representatives from any liability for damage to or loss of property, injury, illness, or death, due to the theft and other crimes committed by persons other than employees or agents of Edmonds Community College, political unrest, use of various modes of transportation, or other activities arising on the part of other program participants, host family members, agencies and organizations, persons, or groups with which Edmonds Community College contracts or recommends for the provision of program services. This release does not apply to intentional, willful, or wanton acts of employees or agents.
10. I authorize Edmonds Community College and its authorized agents to secure medical treatment on my behalf in the event of an emergency, illness, or injury, and I accept full financial responsibility for such medical treatment. I also authorize Edmonds Community College and its authorized agents to release medical information contained in the Edmonds Community College Medical Report to a health care provider if it is determined to be necessary in order to support me in case of emergency, illness, or injury, or as needed to provide reasonable accommodations.

I have read, understand, and agree to follow these Guidelines:

Name

Signature

Date



Name : _____

Program: _____

Waiver of Liability for Off-Campus Trips and Activities

I understand and acknowledge that there is risk of injury to myself by my participation in off-campus trips and activities. I further understand that it is voluntary for me to participate and that the college does not require my participation. I hereby release Edmonds Community College and the State of Washington, its employees, officers, agents and trustees, and waive for myself, my heirs, executors, administrators and assign any and all rights and claims for damages from any and all injuries that I may suffer as a result of my voluntary participation in trips and/or activities.

I further agree to hold harmless and indemnify Edmonds Community College, its employees, officers, agents and trustees for any action, claim, or proceeding initiated as a result of any injury suffered by myself or any third party through his/her participation in any trips and/or activities.

By signing this Waiver of Liability for Off-Campus Trip and Activities form, I acknowledge that I have read and understood its contents and that I agree to its terms.

Signature of Student

Date



Photo, Video and Interview Release

I, the undersigned, consent to each and every use by Edmonds Community College, and its officers, employees and agents of:

- Each photograph, video or other likeness of me taken/recorded on or after _____ (date) and/or,
- Comments provided in interviews.
- All photos, videos and other items I post on Instagram or Facebook with the hashtag #TritonTravels or #tritiontravels attached.

Such uses may include, but are not limited to, publication, newspaper, advertisement, blogs, web site, video or other publication or recording. I waive any right to compensation for such uses, or to inspect or approve the uses beforehand. I release EdCC, its legal representatives and all persons acting under its permission or authority, from any liability for any blurring, distortion, alteration, optical illusion, or use in composite form that may occur or be produced, as well as any publication or other uses thereof.

Signature: _____

Name (please print): _____

Phone: _____

Email: _____



**Re-Entry Orientation
Agreement**

Upon return to the USA from my study abroad program, I will attend the re-entry orientation with the Edmonds Community College study abroad office. This orientation will be for one hour in Snohomish Hall room 301. Topics will include reverse culture shock, opportunities for further engagement, resume building and more depending on the study abroad program.

Signature of Student

Date