

Brody School of Medicine
East Carolina University

Conditions of Participation in International Rotation

I, the undersigned, _____ (student name) have applied to participate in the International Clinical Medicine program, a study abroad program sponsored by the Brody School of Medicine, East Carolina University.

The program takes place in _____ (country/location). The curriculum combines clinical patient care, under supervision, with other learning in the form of readings, assignments, projects, or other educational activities.

If allowed to conduct an international rotation, I understand that I may gain academic credit through participation in the program and agree to the following conditions:

Personal Conduct: I understand that the University has the authority to establish rules of conduct necessary for the operation of the rotation, including free time, and I hereby agree to abide by all such rules of conduct. Should the faculty and/or administration decide that my participation in this rotation must be discontinued due to violation of stated rules, that decision will be final. I understand that discontinuation of the rotation for violation of personal conduct expectations will result in loss of all academic credit.

Medical Treatment: I have fully described any health and physical problems I may have. In the event of illness or injury to me, I authorize any member of the ECU faculty to secure medical treatment on my behalf, including surgery and the administration of anesthetic.

Responsibility During Free Time: I understand that any free time within this rotation wherein I elect to travel independently shall be at my own expense; shall be undertaken only after informing site personnel of my plans; and shall be with the understanding that no personnel from ECU are responsible for me while I am traveling independently.

Theft and Other Crimes: I understand that I may be traveling in areas where higher than average rates of crime exist, and agree to follow the instructions of site personnel regarding avoidance of theft or property or other hazards due to criminal activity. I agree to release ECU from any liability for damage or loss of property, injury or death arising out of criminal activity occurring during this rotation.

Political Unrest: I recognize that in cases of political unrest, the site supervisor shall take all practical measures for the protection of rotation participants. I understand that ECU assumes no responsibility for damage to or loss of property, injury or death arising from circumstances of political unrest.

I, the undersigned, understand and accept each of the above conditions. I also stipulate that I have read all relevant policies and procedures pertaining to this program/rotation and have had the opportunity to discuss them.

Student Signature: _____

Student Name (print): _____

Today's Date: _____