



INTERNATIONAL SCHOOL FOR JAIN STUDIES

International Summer School for Jain Studies

PARTICIPANT DATA FOR MEDICAL BACKGROUND

The sole of purpose of the following data is for medical use only. It will not be used for any other purpose.

Your Information:

Name: (First, Middle, Last): _____

Name of Spouse: _____

Spouse Phone Number: _____

Street Address/P.O. Box: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____

Name of Employer, if any: _____

Permanent Contact Information (if different from above): _____

Name of primary resident (if not yours): _____

Street Address/P.O. Box: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Home Phone: _____ Email Address: _____

Dietary Restrictions, if any:

Allergies/Current Medications, If any:

International Summer School for Jain Studies

Passport Number: _____

Passport Expiration Date: _____

Medical Insurance

Note: Please check with your medical Insurance provider to determine whether you have a Medical coverage in India. You will be responsible for all costs of medical care (including hospitalization) needed in India or after you return from your study trip in India. The ISSJS Director in India will make referrals regarding physicians and hospitals, but you (not the sponsors of this Study Program) will be asked to pay directly to the service providers in India. If your medical insurance provider does not cover internationally, you will need to purchase travel insurance. Please see the pre-departure travel brochure for more information.

Address: _____

Primary Policy Holder: _____

Type of coverage: _____

Phone: _____ Email: _____

I have read the statements concerning health and medical Insurance, and I understand them fully. I agree to sign the indemnity and general agreement with the sponsors. I further certify that all of the Information I have provided on this application is true, complete, and accurate, to the best of my knowledge.

Signature: Date:

Printed Name: