ROMIF (Release of Medical Information) Protocol

SRH University Heidelberg will only pass the medical and contact information you provide here, to the relevant person on duty at the time any problem occurs, in order to ensure the safety of students during their stay.
By signing this document you are giving your consent to allow SRH University Heidelberg to act in your best interest, to have access to medical information should you be hospitalized, and to liaise with the home contact person nominated by you here, as and when required.
This information will only be used if SRH University Heidelberg has reason to believe the student is in a critical situation (health, legal, personal or otherwise), and we have the right to investigate further, inform next of kin or the authorities, as deemed reasonable.

Student: First Name …………………………………… Last Name ………………………

Address in Germany …………………………………………………………………………………

Student mobile phone number (+ country code) …………………………………………………..

Date of birth ………………………………………………

Student Facebook name …………………………………………………………………………

Name of person to contact in emergency …………………………………………………

Mobile number of emergency contact person …………………………………………………

Landline number of emergency contact person …………………………………………………

Email address of emergency contact person …………………………………………………

Relationship to the student …………………………………………………………………

Medical History/ prescription medicine …………………………………………………………

Optional: Name and contact details of a person **NOT** to contact:

………

Date and valid signature of the student ………………………………………………………

Campus Code of Conduct

I have received a written explanation of the SRH University Heidelberg Campus Code of Conduct. I hereby declare that I have read, understood and agree to follow these rules. Furthermore, I am aware of disciplinary action taken in case of possible transgressions.

Student: First Name …………………………………… Last Name ………………………

Address in Germany …………………………………………………………………………………

Student mobile phone number (+ country code) …………………………………………………

Date and valid signature of the student …………………………………………………………………