

IMPORTANT HEALTH INFORMATION

Participants are expected to be in excellent health. The fast pace and strenuous nature of group travel requires high energy, flexibility and resourcefulness. Success in this type of program depends on being physically, medically and mentally prepared to fully participate and adapt in another culture.

Students with certain health concerns are required to provide a Physician's Evaluation and their status will be considered "pending" until documentation is reviewed. L&F provides the Physician's Evaluation to be given to your doctor.



DIETARY PREFERENCES and/or RESTRICTIONS

An important part of experiencing another culture is a willingness to try new foods. Put aside your fears and pre-conceived ideas of what you "dislike" and try a small portion of everything. Participants with actual dietary restrictions - gluten-free, vegetarian, lactose intolerant, allergies, etc. - must take the responsibility of packing extra protein supplements/energy bars or plan to buy supplements in grocery stores abroad. Proper nutrition is essential.

Host families, pre-arranged restaurants and airlines are informed of dietary restrictions. However,

- we cannot guarantee that restaurants abroad will be able to accommodate all restrictions.
- families volunteer to host and they are not expected to change their way of eating or cooking.
- we cannot guarantee that students indicating special dietary preferences or requirements, even for religious reasons, will be placed in a home where such meals are served.

ALLERGIES AND ASTHMA

The majority of allergic/asthmatic reactions can be controlled with medication. For students whose allergies/asthma cannot be controlled medically, a Physician's Evaluation confirming the exact nature of the allergy/asthma and its severity will be required. ***If the allergies/asthma are minor or under control with meds and do not require special consideration, the Physician's Evaluation form should be returned with your own notes indicating that no special consideration is needed.***

It is important to distinguish between **preferences and restrictions**. If a student indicates an allergy to smoke or to pets, is it a *preference*, a *minor allergy*, or a *severe allergy* that cannot be controlled with medication? The distinction is important because it is nearly impossible to find host families with homes free of smoke and/or pets. For severe allergies/asthma, we must know the specific nature (e.g. there can be cats in the home as long as they are not in the student's bedroom; is asthma exercise-induced, etc.)

CHRONIC CONDITION / PHYSICAL LIMITATIONS

Each individual must be perfectly able to self-manage any condition. The fast pace and strenuous nature of group travel and sightseeing requires high energy and flexibility. Anyone with a chronic illness must have the stamina and resourcefulness to be self-sufficient. Therefore, this program is unfortunately not for everyone. Individual needs should not interfere with the group's scheduled itinerary. For example, participants with diabetes must be able to self-monitor and self-medicate while on the program. A Physician's Evaluation will be required and full emergency care information must be provided.

PSYCHOLOGICAL CONCERNS

Our years of experience in organizing family-stay programs have shown that, for participants who suffer from *depression, anxiety, eating disorders, or other psychological concerns*, the stress of cultural differences and change in environment have only served to intensify rather than alleviate their difficulties. The stress may be minimal while traveling with the group, but the family-stay portion of the program will definitely be a challenge. Students will be individually immersed in the life of the host family, will need to communicate in the foreign language, and adapt to family dynamics that may be different from their own. Please discuss the implications of this type of program with your physician and your school counselor. Any applicant who has experienced depression, an eating disorder, or other type of psychological concern, whether treated by medication or not, must provide a Physician's Evaluation regarding the ability to cope with stressful situations and to participate positively in all aspects of this program.

Language & Friendship reserves the right to cancel a student's participation should there be unresolved academic, behavioral or medical issues. Cancellation fees apply.

TO: Physician of Student
Student Name:
School Group:



FR: Language & Friendship Program Coordinators

RE: **Physician's Evaluation**

Language & Friendship provides travel and family-stay programs abroad for language teachers and their students. Success in this type of program depends on being physically, medically and mentally prepared to fully participate and adapt to the lifestyle of another culture while abroad. When a student indicates a chronic illness or a psychological concern, we require a Physician's Evaluation to better understand the circumstances.

It is essential that no health information be omitted and that each individual be perfectly able to self-manage any condition. The fast pace and strenuous nature of group travel and sightseeing requires high energy, flexibility and resourcefulness. Individual needs should not interfere with the group's scheduled itinerary.

In the best interest of the traveler, Language & Friendship coordinators, the traveling teacher, the host family coordinator and the host family should fully understand the condition, medication and any emergency care. **Please give your thorough evaluation on the form provided. Use additional pages if needed.**

The following condition(s) were indicated on the student's application form:

Chronic Illnesses

- _____ **Allergies** _____
This participant indicated that the allergy is not controlled with medication. Please confirm nature and severity of condition.
- _____ **Asthma** Please confirm nature and severity of condition.
- _____ **Diabetes** Participants with diabetes must pre-plan the dispensing of their medication. Please confirm this participant can self-monitor and self-medicate while on the program. **Full emergency care information must be provided.**
- _____ **Other** _____

Psychological Concerns

- _____ **Depression** Medication(s) listed on application: _____
- _____ **Eating disorder**
- _____ **ADD/ADHD** Medication(s) listed on application: _____
- _____ Other psychological concern(s): _____

Our years of experience have shown that for participants who suffer from depression, eating disorders, or other psychological concerns, the stress of cultural differences and change in environment have only served to intensify rather than alleviate their difficulties. The stress may be minimal while traveling with the group, but the family stay portion of the program is definitely a challenge. Each student is individually immersed in the life of the host family. They need to be able to communicate in the foreign language and to adapt to family dynamics that may be very different from their own. During the family stay students are not in daily contact with their teacher/leader or friends. Host families volunteer to host a student (without compensation) in the hope of having a positive experience.

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Physician's Evaluation Form

Name of Patient:

Birth Date:

Group:

*Please refer to the grey Important Health Information sheet before completing this form.
Please provide a THOROUGH explanation so Language & Friendship coordinators, the teachers,
the family stay coordinator and the host family will fully understand the condition, medication and
any emergency care.*

1. This person is under physician's care for the following condition(s):

2. Current treatment and/or medication(s):

3. Please thoroughly evaluate the medical condition in relation to the following:

How will the condition impact the participant's ability to cope with stress and fatigue?

How will the condition impact the participant's ability to travel with the group and participate in scheduled group activities before and during travels?

How will the condition impact the participant's ability to live and interact with a volunteer host family abroad in a full-immersion setting?

Any other comments that the teachers or host family should know about this condition?

Licensed Physician's Name (please print) _____

Licensed Physician's Signature _____ Date _____

Clinic/Group Name _____ Phone _____

Address _____

City/State/Zip _____

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