

# Krea Student Wellbeing Handbook

*A Guide to Health and  
Wellbeing Support Services*

Academic Year  
2025 - 2026



## Table of Contents

<b>1. Abbreviations</b>	1
<b>2. Introduction</b>	1
<b>3. Physical Health Services</b>	2
• University Health Centre	
• On-Campus Medical Services	
• Emergency Medical Care and Hospital Support	
• Dental and Physiotherapy Services	
• Digital Health Access – IL TakeCare App	
<b>4. Mental Health Services</b>	2
• On-Campus Counsellor	
• Consultation with a Psychiatrist	
• 24/7 Helpline – YourDost	
• Peer Support Volunteers (PSV)	
• Mental Health Support Interface	
<b>5. How to Access Support</b>	3
• Physical Health and Mental Health Emergencies	
• Reporting a Medical Emergency	
• Health Centre Response	
• Residence Life Responsibilities	
• At the Hospital	
• Mental Health Emergency Protocols	
• Notes to Students	
<b>6. Key Protocols</b>	4
• Guidance Documents (includes flowcharts for emergencies, isolation, observation, and mental health)	
• Health Insurance Coverage	
• Consent and Authorisation Forms	
<b>7. FAQs</b>	13
<b>8. Emergency Contacts</b>	13



This handbook is your guide to the health and wellbeing services available on campus. It explains the support you can access, how to reach it, and the steps to follow in an emergency.

At Krea, your physical and mental health is as important as your academic success. The University Health Centre is your first point of medical care, offering consultations, preventive advice, and emergency support. It is supported by structured referral systems, digital health platforms, and 24x7 emergency response mechanisms to ensure continuity of care.

Alongside this, our Mental Wellbeing team—comprising the OSL, ILS and Residence Life Teams—provides counselling and guidance to help you manage challenges and thrive during your time here. The University is committed to ensuring that campus life and the academic experience are inclusive and accessible for all members of the community. Support aims to enable equal participation and meaningful learning experiences, including for students with disabilities, neurodivergent conditions, and those from marginalised or challenging socio-economic backgrounds, through need-based assessments and reasonable accommodations.

The University actively promotes advocacy, education, and awareness related to accessibility, diversity, inclusion, gender, and sexuality, fostering a supportive and inclusive campus environment. Together, these services ensure that you are supported in every aspect of your student journey.

## Abbreviations

**OHC**  
University Health Centre

**SCARE** Schizophrenia Research Foundation  
(India)

**PSV**  
Peer Support Volunteer

**NOK**  
Next of Kin

**CUG**  
Closed User Group

**FAQ** Frequently Asked  
Questions

**OSL**  
Office of Student Life

**ILS**  
Inclusive Learning Support





## A. Physical Health Services

### University Health Centre

The University Health Centre offers the following services:

- Round-the-clock medical support with one MBBS doctor and three nurses
- Medical care for common illnesses and minor injuries
- Preventive health advice and guidance
- Emergency response and support during hospital visits
- Referrals to specialist doctors when required

### On-Campus Medical Services

You can visit the University Health Centre for:

- Consultations for common illnesses and minor injuries
- First aid and basic medical procedures
- Short-term observation when needed
- Isolation facilities if clinically required

### Emergency Medical Care and Hospital Support

- A 24x7 ambulance service is available on campus for emergencies
- The University Health Centre will arrange transfers to the nearest hospital
- For planned referrals or follow-up visits, a patient-support vehicle may be provided on medical recommendation

*These emergency medical services apply to both physical and mental health emergencies, with the University Health Centre coordinating care in all cases.*

### Dental and Physiotherapy Services

- Dental consultations are available on campus with Dr Pavan Sai Kumar (Sri Chennakesava Dental Hospital, Sullurpetta) on Tuesdays and Thursdays, 7.30-9.00 pm. To book, call 73866 18714 or 80196 18714
- Physiotherapy support is available on-call through Madhavi at 96761 45445

### Digital Health Access – IL TakeCare App

- You can access up to 25 teleconsultations per academic year
- Specialities include General Medicine, Ayurveda, Neurology, Cardiology, Orthopaedics, Cancer Care, Dentistry, Paediatrics, Physiotherapy, Dermatology, Diabetes & Endocrinology, Gynaecology, and General Surgery
- Medicines prescribed through the app will be delivered directly to campus

## B. Mental Health Services

All services are free for enrolled Krea students.

### 1. On-Campus Counsellor

Certified counsellors are available throughout the week to provide confidential and empathetic support for various psychological concerns. To book an appointment, email [mental.wellbeing@krea.edu.in](mailto:mental.wellbeing@krea.edu.in)

### 2. Consultations with SCARF

In-person psychiatric consultations and other necessary clinical support, such as diagnostic assessments and counselling support are available through SCARF. To schedule, write to [ymh@scarfindia.org](mailto:ymh@scarfindia.org) or [mental.wellbeing@krea.edu.in](mailto:mental.wellbeing@krea.edu.in)

### 3. 24/7 Helpline – YourDost

YourDost provides round-the-clock mental health support. Students can access immediate guidance via 08047097654 or book in-person appointments.

### 4. Peer Support Volunteers (PSV)

Trained student volunteers offer peer guidance, a listening ear, and support. To connect, email at [sias.peersupport@krea.ac.in](mailto:sias.peersupport@krea.ac.in)

PSVs also raise awareness about campus safety and the Prevention of Sexual Harassment policy, guiding students through processes and organising workshops and campaigns.

### 5. Gender and Consent Volunteers

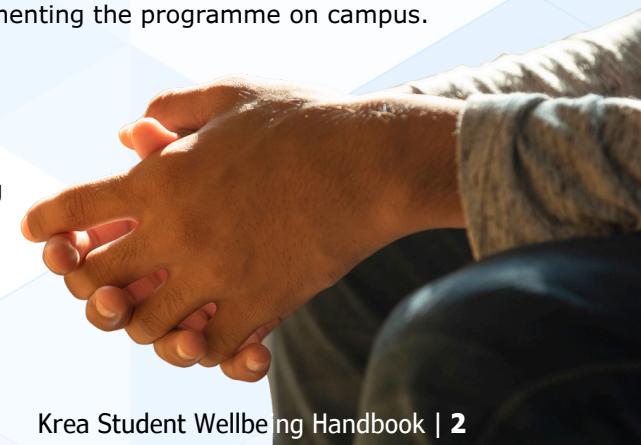
The Student Volunteers for Gender and Consent Advocacy (Previously known as POSH Advocacy) are integral to fostering a secure and respectful atmosphere within the university community. Their primary responsibility is to raise awareness about the Prevention of Sexual Harassment policies and coordinate advocacy initiatives. This entails interacting with diverse stakeholders, including students and staff, to cultivate a culture of respect, inclusivity, consent awareness, and sexual harassment prevention on campus. With guidance and training from experts, volunteers actively participate in developing and implementing the programme on campus.

### 6. Mental Health Support

#### Interface

The University Health Centre works with the Mental Wellbeing Team to:

- Ensure your physical safety during a mental health emergency
- Provide initial assessment and support
- Escalate cases quickly to mental health professionals when needed





## Mental Health Emergency Protocols

### Emergencies are assessed as either:

- OHC Level: Care can be managed at the University Health Centre
- Non-OHC Level: Immediate specialist medical attention is required at a hospital

#### OHC Level

If there is a threat of self-harm, you will be transferred to the University Health Centre

- A mental health professional will be contacted to provide support
- Parents or guardians listed as emergency contacts will be informed
- You must remain at the University Health Centre until a risk assessment is completed

#### Non-OHC Level

- You will be transferred to hospital for immediate care
- Parents or guardians will be contacted and asked to attend
- You will be handed over to the parent or guardian upon arrival

#### Notes to Students

- Keep your parent/guardian and local guardian details updated with Residence Life and on the Student ERP Portal
- During any emergency, contact the University Health Centre immediately and inform the Residence Manager.
- Respect the medical team: avoid crowding, keep noise low, follow instructions, and do not take photos or videos.
- If your parent or guardian lives far away, the next of kin (NOK) must reach the hospital within 48–72 hours, especially in case of admission.
- You are not allowed to accompany patients in the ambulance. If you wish to visit a student in hospital, you must arrange your own travel.
- During curfew hours, parental approval is required to leave campus
- The parent/guardian must email Residence Life (residence.life@krea.edu.in) and Safety and Security (safety.security@krea.edu.in) to grant this permission.
- Always behave respectfully at the hospital. Inappropriate behaviour may lead to disciplinary action



## C. How to Access Support?

At Krea, the University Health Centre is your primary point of contact for all health-related concerns — physical or mental. In any emergency, contact the University Health Centre immediately, and the staff will guide you to the appropriate support, including mental health professionals if needed.

## Physical Health and Mental Health Emergencies

### Reporting a Medical Emergency

- Go to the University Health Centre or call staff to come to you.
- The Health Centre team will inform the Residence Manager on duty.

### University Health Centre Response

- A doctor will assess your condition.
- If care cannot be provided on campus, you will be stabilised and referred to a hospital.
- The University Health Centre staff will arrange the ambulance and coordinate with the hospital.
- A nurse and Residence Manager will accompany you, assist with admission, and hand you over to your parent or guardian.

### Residence Life Responsibilities

- Coordinate with the University Health Centre to provide support.
- Inform your parent or local guardian promptly.
- A Residence Manager will accompany you to the hospital, assist with admission and insurance, and hand you over to your parent or guardian.
- The relevant University offices (Office of Academic Administration, Office of Student Life, Operations, Safety, and Security) will be informed.

### At the Hospital

- The nurse or Residence Manager will assist with admission.
- You will be formally handed over to your parent or guardian once they arrive.

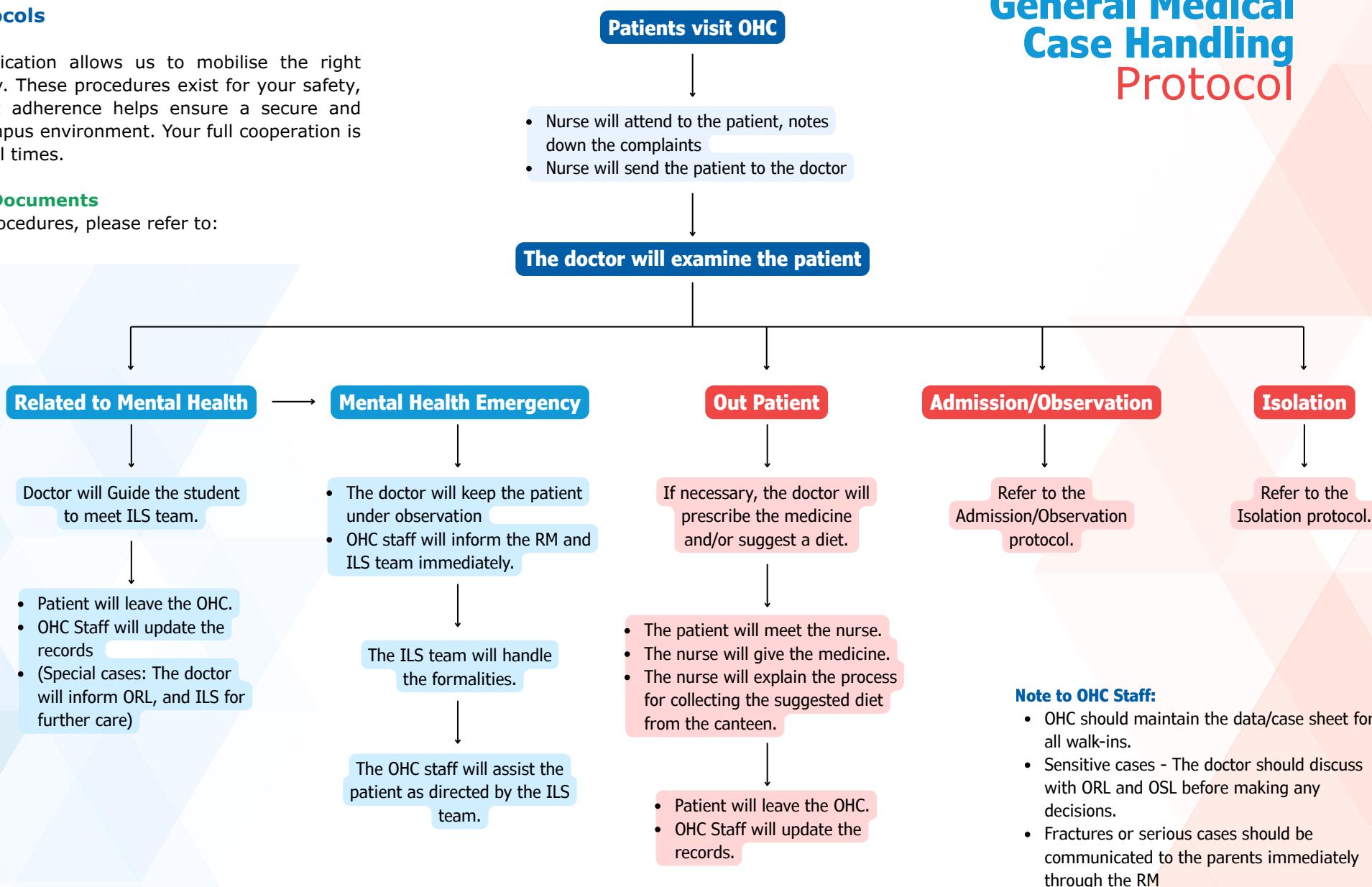
The following section outlines the key protocols to be followed during emergencies. These guidelines ensure that every situation is handled safely, respectfully, and in line with University standards.

## D. Key Protocols

Early communication allows us to mobilise the right support quickly. These procedures exist for your safety, and consistent adherence helps ensure a secure and supportive campus environment. Your full cooperation is requested at all times.

### 1. Guidance Documents

For detailed procedures, please refer to:



# Medical EMERGENCY Protocol

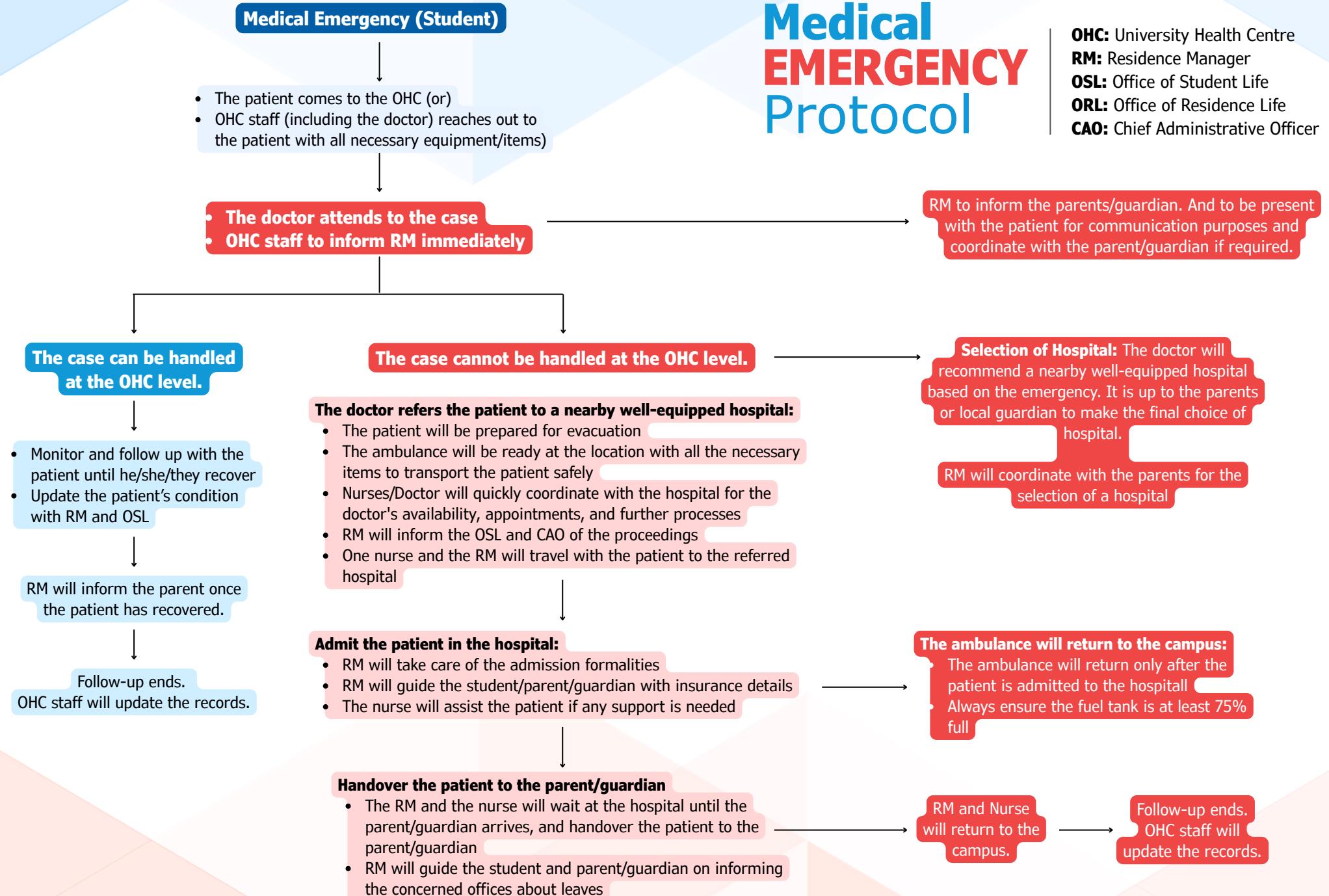
**OHC:** University Health Centre

**RM:** Residence Manager

**OSL:** Office of Student Life

**ORL:** Office of Residence Life

**CAO:** Chief Administrative Officer



## ISOLATION

- The doctor will prescribe the medication, diet, and other processes to be followed
- The doctor will also share the latest isolation guidelines, as well as the start date and end date of the isolation period, for the patient and the roommate to follow

- The OHC staff will coordinate with RM to send the patient to the isolation room
- OHC staff will guide the patient to take all necessary items required for their stay in isolation for the prescribed period

### **The patient will go to the isolation room.**

- OHC staff will continuously monitor the patient's health condition
- OHC staff and RM will instruct the canteen supervisor on the patient's diet and food timings.
- RM will check in with the patient regularly

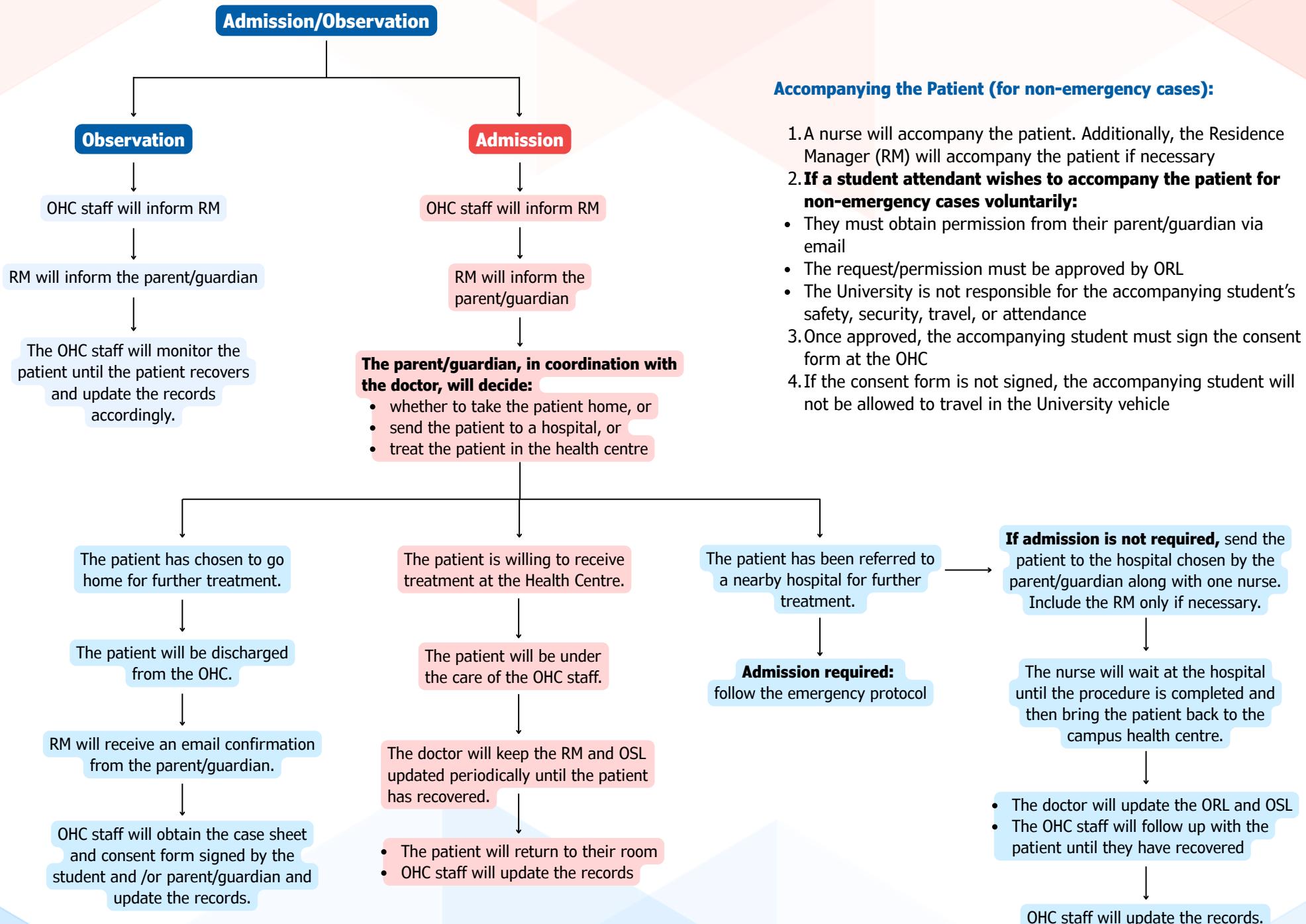
**Isolation period ends:** The patient will vacate the isolation room and return to their original room.

- OHC staff will update the records.
- RM will inform Safety & Security, and Operations

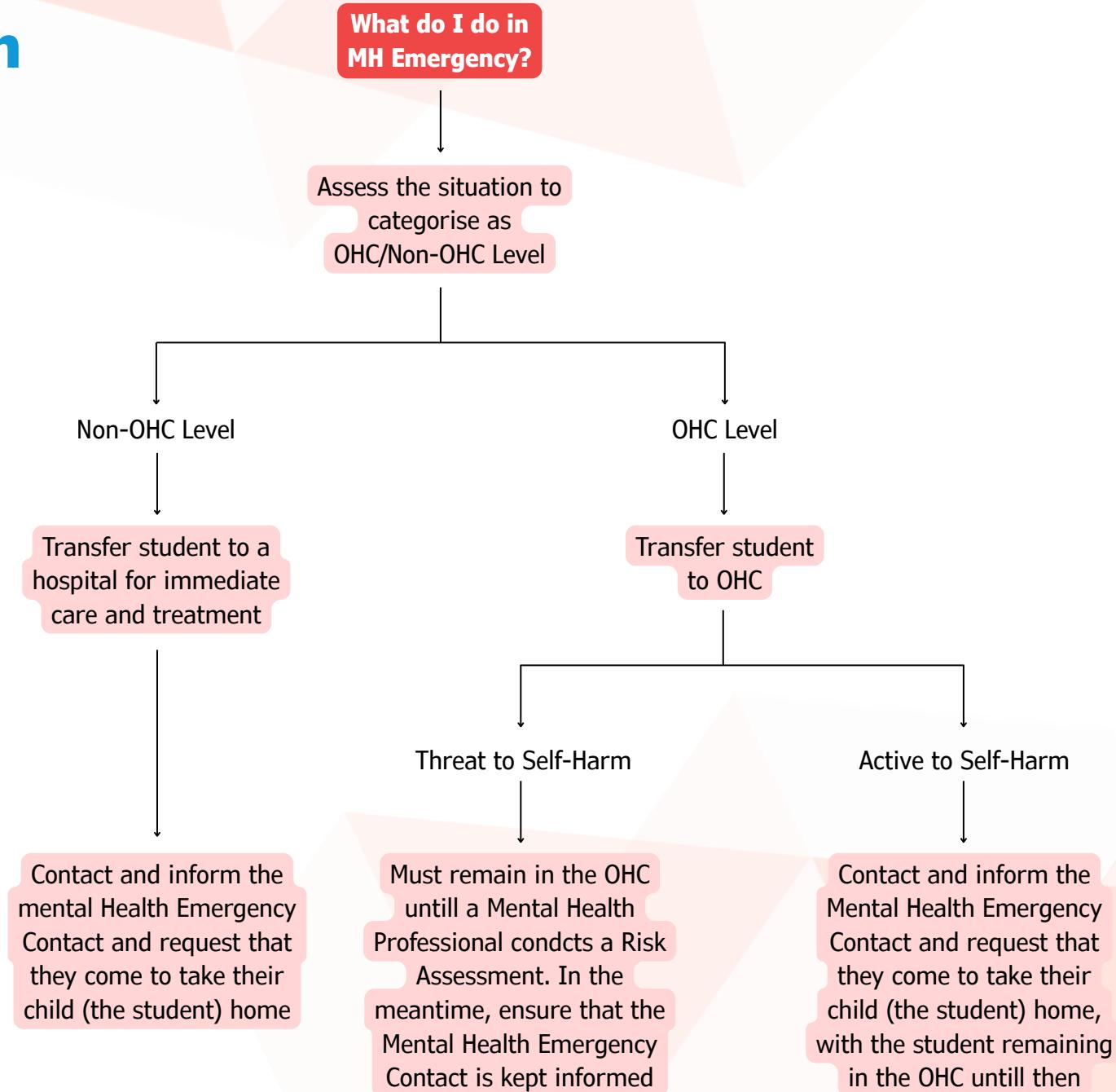
The doctor will share the start date and end date of the isolation period with the patient, OSL, and RM via email.

RM will communicate the same information with the patient's parent/guardian.

- ORL will communicate these dates to Operations, Safety & Security, the Program Office, and the Exam Office
- ORL will also connect with the Peer Support Volunteer (PSV), but only if the patient is willing and provides email confirmation



# Mental Health EMERGENCY



## 2. Health Insurance Coverage

All students are covered under:

**General Health Insurance policy of ₹2,00,000**

**Group Personal Accident policy of ₹2,00,000**

Details of coverage are shared individually with each student.

Please add Insurance POC details:

**Level 1: Ramesh - 8929945334 | ramesh\_m@emedlife.in**

**Level 2: Nirmal G - 9840001562 | nirmal\_g@emedlife.in**

**Level 3: Alagukoodalingam - 9176651414 |**

**alagukoodalingam.k@icicilombard.com**

## 3. Consent and Authorisation Forms

During hospital referral or admission, students and guardians may be required to complete the following forms:

### Hospital Referral Form

Consent Form for Hospital Referral	
Date:	
To the Krea University Health Centre,	
I, ..... have been referred to the nearby hospital by the University Health Centre for further investigation and medical treatment. I willingly consent to go to the hospital and understand the importance of receiving additional medical care.	
Student Name: Roll No:	
Batch: DOB: Age: Contact Number: Room No:	
Diagnosis:	
Hospital Details:	
Hospital Name: Location:	
<b>Parent/Guardian Approval (if the student is below 18 years):</b>	
I confirm that I have obtained the approval from my parent or guardian for the hospital referral, and they have confirmed via email to the Office of Residence Life.	
Contact Information of Parent/Guardian:	
Full Name: Contact Number: Relationship to Student:	
<b>Consent and Agreement:</b>	
I, the undersigned, willingly consent to the hospital referral and understand that I am responsible for complying with any medical instructions provided by the healthcare professionals.	
Student's Signature:.....	
Date:.....	
- (For Office Use)	
If the student is below 18yrs- Received the mail from the Office of Residence Life: (Yes/No)	
Doctor's Comments:	
Signature : Date:	

## Consent form for accompanying student to hospital

Consent Form for Accompanying a Student to the Hospital (Non-Emergency Cases)

Date:

To the Krea University Health Centre,

I, ..... acknowledge and consent to accompany a fellow student, ..... to the ..... hospital for medical purposes. I understand and agree to the following terms:

1. The University is not responsible for this visit, and I am accompanying the patient out of my own interest and willingness.

2. When I am outside the campus, the university is not responsible for my safety and security, travel and attendance.

Name: Roll No:

Batch: Age:

Contact Number: Room No:

### Details of Accompanied Patient:

Patient's Full Name:

Roll No:

Relationship to Patient:

### Consent and Agreement:

I, the undersigned, acknowledge that the University is not responsible for this hospital visit. I am accompanying the patient voluntarily and of my own accord.

Student's Signature:.....

Date:.....

# Authorisation Form



## AUTHORIZATION FORM GENERAL HEALTH AND MEDICAL EMERGENCY TREATMENT (Parent/Guardian)

I/We, the parent(s)/legal guardian(s) of \_\_\_\_\_, authorize KREA UNIVERSITY, its employees and the Health Centre staff (third party service provider) to provide the necessary care and services (as listed below) to my/our son/daughter/ward, who is a student of \_\_\_\_\_ batch of the \_\_\_\_\_ program at Krea University:

- Medical health care and treatment of a general nature
- Emergency medical intervention and treatment (no parental consent is required in life-threatening situations)
- Mental health services and treatment.

I/We also understand that KREA UNIVERSITY may rely on this authorization in the case of emergency situations where immediate medical care needs to be administered. I/We understand that the University will attempt to notify me/us prior to necessary treatment in writing or through phone call if our son/daughter/ward is in need of medical treatment or care, or KREA UNIVERSITY may rely on this authorization in situations where notification is unsuccessful or where a written authorization is required.

I/We consent KREA UNIVERSITY, its employees and Health Centre staff (third party service provider) to treat or hospitalize or facilitate any other medical services procedures as may be deemed necessary under the circumstances, including, but not limited to, hospitalization, x-ray examination, anesthesia and surgery.

I/We understand that in the event of our ward's hospitalization during their time at Krea University, a designated representative from Krea University will accompany the student to the hospital and will remain with them until a parent, legal guardian, or designated local guardian arrives. I/We acknowledge and accept that it is our responsibility to ensure that either I/we or the designated local guardian reaches the hospital where the student is admitted as soon as possible, and that all efforts will be made to be physically present within 48 hours of the student's admission. Upon arrival, the University representative will formally hand over responsibility of care to the parent, guardian, or local guardian. I/We acknowledge that until such a transfer takes place, the University's responsibility is limited to interim support and facilitation of care.



I/We consent to KREA UNIVERSITY, its employees, and Health Centre staff (third-party service provider) to isolate or facilitate the isolation of the student if diagnosed or suspected with a contagious illness (including but not limited to Chicken Pox, Covid etc), as may be deemed necessary under the circumstances, including, but not limited to, quarantine, relocation to designated isolation facilities, and restriction of movement within campus.

I/We authorize KREA UNIVERSITY to provide medical professionals treating our son/daughter/ward with the medical information history that KREA UNIVERSITY may have on my son/daughter/ward if requested by the medical professionals.

We intend for this authorization to take effect on the date we sign the authorization, and the authorization will remain in effect until the student has graduated from the University.

I/We understand that KREA UNIVERSITY'S medical insurance coverage for hospitalization, treatment and care is for a designated sum (which will be communicated to my son/daughter/ward at the commencement of their academic programme) and subject to terms and conditions laid out by the Insurance company, and that any hospitalization and/or related medical expenses beyond the sum covered under the medical insurance policy is entirely my/our responsibility. We accept the financial liability for all costs incurred through such medical treatment of my son/daughter/ward which are not covered under the medical insurance policy provided by the University.

I/We understand that in case of any change in the emergency contact details, it is our responsibility to inform the University Administration immediately.

### Optional Medical History

Known Allergies (Including medicinal allergies):

Special Medical needs or conditions:

## Student Undertaking Form



## STUDENT UNDERTAKING GENERAL HEALTH AND MEDICAL EMERGENCY TREATMENT

I, \_\_\_\_\_, a student of the \_\_\_\_\_ batch of the \_\_\_\_\_ programme at Krea University, hereby authorize KREA UNIVERSITY, its employees, and the Health Centre staff (third-party service provider) to provide me with necessary care and services (as listed below):

- General medical health care and treatment
- Emergency medical intervention and treatment (including without prior consent in life-threatening situations)
- Mental health services and treatment

I understand that this undertaking authorizes KREA UNIVERSITY to act in my best interest in the event of a medical or mental health emergency. While I recognize that every effort will be made to inform my emergency contact before proceeding with treatment, I consent to KREA UNIVERSITY relying on this undertaking if notification is unsuccessful or if immediate care is required.

I consent to KREA UNIVERSITY, its employees, and the Health Centre staff (third-party service provider) facilitating any treatment, hospitalization, or medical procedures deemed necessary under the circumstances, including but not limited to x-rays, anesthesia, and specialist referrals.

I also authorize the University and Health Centre staff to isolate me or relocate me to designated isolation facilities in case of a diagnosis or suspicion of a contagious illness (including but not limited to Chicken Pox, Covid etc) and I consent to any related precautionary measures, including quarantine or restriction of movement within campus.

I authorize KREA UNIVERSITY to share my medical history with medical professionals involved in my care, as necessary, to ensure accurate and timely treatment.

This undertaking will remain in effect until I graduate from KREA UNIVERSITY or until I formally withdraw it in writing.

I understand that KREA UNIVERSITY provides medical insurance coverage for hospitalization and treatment up to a designated amount (to be communicated at the start of the academic year) and that this coverage is subject to the terms and conditions of the insurance provider. I accept financial responsibility for any medical expenses incurred that are not covered under the policy.

I also undertake to update the University Administration promptly in case of any changes to my emergency contact details.



Current medication and dosages:



Name of the Parent(s) or Legal Guardian(s): \_\_\_\_\_

Date: \_\_\_\_\_ Relationship with Student: \_\_\_\_\_

Address: \_\_\_\_\_

For perusal in the case of medical emergencies:

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

### STUDENT'S PHYSICIAN CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

I/we, RELEASE, HOLD HARMLESS AND EXPRESS A COVENANT NOT TO SUE, KREA UNIVERSITY, its employees or the staff of Health Centre services and all other representatives of any of them employed in KREA University from and for any and all claims, causes of action, damages and liabilities from any cause, whether or not foreseeable or contributed to or by the negligent acts or omissions of KREA UNIVERSITY.

KREA University shall have no liability whatsoever in case of any medical negligence by the medical professional.

Signature of Parent(s) or Guardian(s): \_\_\_\_\_

Name of the Parent(s) or Legal Guardian(s): \_\_\_\_\_

Date: \_\_\_\_\_ Relationship with Student: \_\_\_\_\_

Signature of Parent(s) or Guardian(s): \_\_\_\_\_



### Optional Medical History:

Known Allergies (Including medicinal allergies):

Special Medical Needs or Conditions:

Current Medications and Dosages:

Vaccination Information:



I hereby RELEASE, HOLD HARMLESS AND COVENANT NOT TO SUE KREA UNIVERSITY, its employees, Health Centre staff, or any other representatives of the University for any and all claims, causes of action, damages, or liabilities arising from or relating to the administration of medical care, whether or not due to any negligent act or omission by KREA UNIVERSITY. I acknowledge that KREA UNIVERSITY is not liable in the event of medical negligence by any third-party medical professional.

Student Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student Application No: \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Location: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### Student's Physician (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

In specific situations—such as during a serious mental health concern or a mental health emergency where a student is advised to return home temporarily—a medical clearance process is required before the student resumes on-campus engagement. As part of this process, three forms must be submitted to the Office of Student Life (OSL) and the Office of Inclusive Learning Support (ILS) as part of a medical clearance process. These forms help ensure that students are adequately supported and that the University can provide appropriate accommodations and resources upon their return.

## Medical Clearance Certificate by Psychiatrist/Doctor

### Medical Clearance Certificate by Psychiatrist/Doctor

Date:

Clinic/Hospital [Address & Phone Number]:

Name of Psychiatrist/Doctor:

This is to certify that my patient \_\_\_\_\_ [Name] has been diagnosed with \_\_\_\_\_, and has been under my medical treatment and care since \_\_\_\_\_ [Date/Month/Year]. The last visit with my patient was held on \_\_\_\_\_ [Date/Month/Year] and the next follow-up session is scheduled for \_\_\_\_\_ [Date/Month/Year].

The patient has been prescribed with the below mentioned medicines with the following frequency and dosage:

- 1.
- 2.
- 3.
- 4.

As the patient's Psychiatrist, I declare that my patient is medically fit to pursue their higher education in a fully residential campus and will be able to monitor their own medication independently.

Below are significant support / recommendations/ precautions regarding the patient in the interest of my patient's residential stay and student life at the Krea University Campus in Sri City, Andhra Pradesh (please share below if applicable):

\_\_\_\_\_  
Signature and Stamp of Psychiatrist/Doctor Name

## Mental Health Undertaking by Enrolled Student/Parent/Guardian

### MENTAL HEALTH UNDERTAKING BY ENROLLED STUDENT/PARENT/GUARDIAN

Name of Student: \_\_\_\_\_ University Roll No: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

The Student and/or I (Parent/Guardian) certify that the above mentioned student has been diagnosed with \_\_\_\_\_, and has been under the treatment and care of \_\_\_\_\_ (Psychiatrist/Doctor) and/or \_\_\_\_\_

(Therapist) since \_\_\_\_\_ (Date). The Student and/or I (Parent/Guardian) will take the responsibility for the timely consumption and purchase of the correct medication (psychiatric or otherwise), dosage and frequency by the Student as prescribed by their Psychiatrist/Doctor. The Student and/or I (Parent/Guardian) will take the responsibility to keep continuous and regular appointments with their Psychiatrist/Doctor and/or Therapist. The Student and/or I (Parent/Guardian) will take the responsibility for any financial expenditure incurred with regards to the treatment or care for the student. The Student and/or I (Parent/Guardian) will take the responsibility of submitting periodic medical records and reviews from the Student's Psychiatrist/Doctor and/or Therapist to the Office of Student Life at Krea University (as and when requested by the University) to ensure extension of the required support or services for the student in case the latter is struggling to cope with the academic or residence life at the University. The Student and/or I (Parent/Guardian) will take the responsibility to inform the Office of Student Life in case there is any change in diagnosis or medication (including but not limited to discontinuing of medication).

The above undertaking from the student and their Parent/Guardian will help Krea University to support the student to have a safe, comfortable and fulfilling residential and academic experience at Krea University.

Please share the following details below:

1. Name, Address and Phone Number of Psychiatrist/Doctor and/or Therapist:

2. Name, Address and Phone Number of Local Guardian in Chennai or near Sri City:

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

Date:

\_\_\_\_\_  
Parent/Guardian Phone/Email Details:

# Consent for Release of Information

## Consent to Release of Information

Student Name:

Parent/Guardian Name:

I authorize the representatives from the Office of Student Affairs at Krea University and mental health professionals at SCARF (Schizophrenia Research Foundation, Chennai) designated to provide mental health services for Krea University to communicate with the emergency contact person and medical providers (listed below) in order to obtain and release information (written or verbal) regarding my/my ward's medical and mental well-being and its impact on major life activities, particularly those which impact my/my ward's residential and academic life at the University. I understand that I may revoke consent at any time and that this revocation must be delivered to the Office of Student Affairs in writing during standard University working hours (Monday-Friday, 9:30 am to 5:30 pm). This consent form will be valid beginning the date it is signed until the end of the following academic year unless I stipulate otherwise on this form.

I understand that all information disclosed with the Office of Student Affairs (OSA) and the University's mental health services providers at SCARF is strictly **confidential** and will not be discussed with anyone else without my written consent as indicated above.

However, I understand that exceptions to this can be made under the following conditions:

1. In situation of a medical or mental health emergency
2. When a student engages or threatens to engage in behavior which poses a danger of causing physical harm to self or others.
3. When a student engages or threatens to engage in behavior which would cause significant property damage OR directly and substantially impede the lawful activities of others.

**Date of Authorization of this Release of Information Consent Form:**

### **Emergency Contact Person Details**

Name:

Relationship to Student:

Address:

Telephone Number(s):

Email Address:

Please share details for the relevant medical professional below:

### **Medical Provider 1 (Doctor)**

Name:

Address:

Telephone Number(s):

Email Address:

### **Medical Provider 2 (Psychiatrist)**

Name:

Address:

Telephone Number(s):

Email Address:

### **Medical Provider 3 (Therapist/Clinical Psychologist)**

Name:

Address:

Telephone Number(s):

Email Address:

Student Signature

Signature Date

Parent/Guardian Signature

Signature Date

## E. FAQs

### 1. What happens if I exceed the 25 teleconsultations available through the IL TakeCare app?

With the IL Take Care app, after exceeding 25 consultations, you will need to pay to avail further services. However, on-campus Health Centre services are unlimited.

### 2. Who should I contact first in case of a medical emergency?

In a medical emergency, contact the University Health Centre immediately. Emergency support is available 24/7 at CUG: 93459 50265.

### 3. What happens if my parent or guardian cannot reach the hospital within the required time?

The Next of Kin (NOK) listed in your records should reach the hospital within 48-72 hours if admission is required. Meanwhile, the University Health Centre nurse and Residence Manager will continue coordinating your medical care. You will remain under hospital care with University support until a formal handover to your parent, guardian, or NOK. Make sure your parent, guardian, and NOK details are up to date with Residence Life to avoid delays during emergencies.

### 4. How is confidentiality and privacy of student records maintained?

Krea maintains strict confidentiality of all student records. All ILS staff sign Non-Disclosure Agreements (NDAs), and members of the ILS, the Office of Residential Life (ORL), and the OSL are trained mental health and student-support professionals bound by ethical confidentiality standards. Student information is accessed only on a need-to-know basis and stored securely. Information is disclosed only when ethically or legally required to ensure student safety, and even then, only the minimum necessary details are shared.

### 5. What support is available after a mental health emergency?

After a mental health emergency, Krea ensures continuity of care through a structured support process. This may include follow-up counselling sessions, coordinated care with internal teams such as the ILS, OSL, and Residential Life (ORL), and referrals to external mental health professionals or hospitals when required. Academic and residential accommodations may be provided to support recovery. Ongoing monitoring and check-ins are conducted based on the student's needs, with the aim of stabilisation, safety, and gradual reintegration into academic and campus life.

### 6. What support is available if I need academic adjustments after a health emergency?

If you require academic adjustments following a health emergency, you or your parent/guardian may inform the ILS. Based on the nature of the emergency, the ILS will coordinate with the relevant academic offices to assess your situation. Academic adjustments, if required, will be determined on a case-by-case basis through a combined decision, ensuring that appropriate support is provided while maintaining academic integrity.

### 7. What wellbeing resources are available for preventive care (workshops, peer support, stress management)?

Krea offers a range of preventive wellbeing resources to support you early and help you build essential skills. These include mental health and wellbeing workshops, stress-management and self-care sessions, and awareness programmes conducted across the academic year. Trained peer support volunteers are available if you prefer informal, confidential conversations. These resources are designed to help you manage stress, build resilience, and seek support early—before concerns escalate into crises. The initiatives also include campus-wide programmes such as Wellbeing Week, observed annually around World Mental Health Day.

### 8. What should I do if I need medical support while travelling off-campus?

For any planned in-person medical consultation or follow-up outside campus, a formal email from your parent or guardian must be sent to the University Health Centre, with a copy to Residence Life. Once medical clearance is granted, the University Health Centre will complete the necessary documentation, including consent forms and referral formalities as needed. The consultation plan will be based on the severity of your condition. After the consultation, you must share all medical records, prescriptions, and recommendations with the University Health Centre to ensure continuity of care. Non-compliance may result in delays in approval or support arrangements.

### 9. Who can I reach out to if I feel overwhelmed and just need someone to talk to?

If you feel overwhelmed, you can first reach out to the Office of Residential Life (ORL), especially if you are in campus housing. ORL staff can offer immediate support and help connect you to appropriate resources. You may also contact the Inclusive Learning Support (ILS) team or a campus counsellor for confidential support. In addition, trained peer support options are available if you prefer speaking with a fellow student. You do not need to be in crisis to reach out, early support is encouraged.

### 10. How do I update my emergency contact or guardian details with the University?

Reach out to OSL and ILS to update the emergency contact records.

## F. Emergency Contacts

**University Health Centre: 93459 50265 - Available 24x7**

**University Emergency Number: 93459 50264**

**Residence Life: 99440 41328**

**Residence Managers: Endly @ 73052 42626 / Susnata @ 81461 27653**

***Stay well, stay supported - you're not alone.***