

Parent(s)/Guardian(s): The following information is necessary to facilitate medical care for your child in the event of an emergency. This original form will be stored privately. Copies will **ONLY** be made for your child's supervisor and internship coordinator

Student's Full Name:	
Parent(s) <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Name(s):	
Address:	
City, State, Zip:	
Student's Date of Birth: / /	Student's Current Age:
Contact info of parent(s)/guardian(s) in the event of emergency:	
Name:	Name:
Work Phone: ()	Work Phone: ()
Home Phone: ()	Home Phone: ()
Cell Phone: ()	Cell Phone: ()
Student's health issue(s), if any:	
Allergies:	
Medications being taken & how often:	
Date of last tetanus shot:	
Family Doctor:	Doctor's Phone: ()
Medical Insurance Company:	
Policy Number:	Group Number:
Member's Full Name:	

I give permission for the student named above to be given appropriate medical treatment in the event of an emergency.

Signature of parent or legal guardian:	Date:
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TRISKELES INC.

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