Work-Based Learning Emergency Form

School: _____ STC Coordinator: _____ Phone: _____

Personal Data

Student's Name: _____ Birth Date: _____

Home Address: _____ Student Cell Phone:_____

Student's Email: _____

Student Medical Information

List any medical information about the student that would be helpful in case of emergency. _____

_____

Allergic to medications? ( ) Yes ( ) No List: _____

Emergency Contact Information

Parent/Guardian Name: _____ Work Phone: _____

Workplace Name/Address: _____

Parent/Guardian Email: _____ Home/Cell Phone: _____

Parent/Guardian Name: _____ Work Phone: _____

Workplace Name/Address: _____

Parent/Guardian Email: _____ Home/Cell Phone: _____

Emergency Contact: _____ Phone: _____

I consent for my child to receive emergency medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Note: This form should be kept on file at school. If the student is participating in a Work-Based Learning activity, a copy should also be on file at the work site.