



Seaman High School College & Career Readiness Internship

EMERGENCY MEDICAL INFORMATION

All participants must complete this form. For those under the age of 18, a parent or guardian must sign the medical release at the bottom of the form.

Name _____ SS# _____

Home Address _____ Phone # _____

If you have any of the medical conditions listed below, check the appropriate blank(s):

_____ Diabetes _____ Asthma _____ Epilepsy
_____ Heart Problems _____ Back Problems
Other Health Problems? _____ If yes, name them: _____

Date of last tetanus shot _____

Participant Signature _____

Please provide name and phone number of person to contact in case of an emergency:

Name _____ Phone # _____

Family Physician _____ Phone # _____

Transportation Release: I give permission for my son/daughter to travel to his/her Internship site on behalf of his/her own accord. Guardian Signature: _____ Date: _____

Medical Release: I give permission for emergency medical treatment to be given to my child, if it should be necessary during participation in the College & Career Readiness Internship.

Guardian Signature: _____ Date: _____

Photo Release: Photos of my son/daughter may be taken at his/her Internship site. Use of the photos are restricted to school projects and/or promotion of community/school partnerships.

Guardian Signature: _____ Date: _____

The information on this form is confidential and is collected only for the purpose of insuring the health and safety of participants.