

**ACADEMIC INTERNSHIP  
EMERGENCY CONTACT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACADEMIC INTERNSHIP participant’s information | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | First |  | | | | | | | | | M.I. | |  | | | | |
| Street Address | |  | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | |  |
| City | |  | | | | | | | | | State |  | | | | | | | ZIP |  | | | | | |
| Home Phone | ( ) | | |  | | | | | | | Cell Phone | | | ( ) | | | | |  | | | | | | |
| If under 18, Your Parent’s/Guardian’s Name | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Academic Internship Dates | | | | | | | From: |  | | | | | | | To: | |  | | | | | | | | |
| company/ORGANIZATION’s information | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization Name | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Contact Person | | |  | | | | | | | | | | Contact Phone | | | | | | ( ) | | | | |  | |
| Emergency contacts | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list two emergency contacts. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Emergency Contact’s Name | | | | | |  | | | | | | | | | | Relationship | | | | | | |  | | |
| Home Phone | ( ) | | |  | | | | | | | Cell Phone | | | ( ) | | | | |  | | | | | | |
| Street Address | |  | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | |  |
| City | |  | | | | | | | | | State |  | | | | | | | ZIP |  | | | | | |
| Secondary Emergency Contact’s Name | | | | | |  | | | | | | | | | | Relationship | | | | | | |  | | |
| Home Phone | ( ) | | |  | | | | | | | Cell Phone | | | ( ) | | | | |  | | | | | | |
| Street Address | |  | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | |  |
| City | |  | | | | | | | | | State |  | | | | | | | ZIP |  | | | | | |
| COmments | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Include any allergies or special health considerations—or special contact information) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participant’s Signature | | | | |  | | | | | | | | | | | | | Date | | | |  | | | |