

**ACADEMIC INTERNSHIP
EMERGENCY CONTACT INFORMATION**

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| 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 |  |